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LECTURES
ON
MEDICAL JURISPRUDENCE,
NOW IN COURSE OF DELIVERY
AT THE
UNIVERSITY OF LONDON.

By PROFESSOR A. T. THOMSON.

Lecture XIV.

Signs of Pregnancy (*continued*):—*Enlargement of the Mammæ. Changes in the Nipples. Milk in the Mammæ a fallacious Sign. Influence of simple Sucking on the Breasts. Enlargement of the Abdomen. Mode of Examination to diagnose this sign. Ascertainment of the various Periods of Pregnancy. Fallacious Signs of the Uterus. Unruptured Hymen. Uncertainty of any single Sign. Diagnosis by the Stethescope. Expulsion of an early Ovum as a Sign that Pregnancy has existed. Enlargement of the Uterus by Moles. Membranes expelled in Dysmenorrhœa. When the opinion in favour of the Existence of Pregnancy may be hazarded. Signs of Extra-Uterine Pregnancy.*

Gentlemen:—

5. A fourth sign of pregnancy, more to be depended upon, is the *enlargement of the mammæ*, and the dark colour of the areola surrounding the nipples. As early as the first monthly suppression of the menses following conception, the woman feels a peculiar tingling sensation in the breasts, which become turgid, whilst, at the same time, the circle round the nipples alters both in colour and superficial appearance. But, although the fulness of the breasts always, sooner or later, accompanies pregnancy, yet it may occur independently of that condition of the female system. The mammæ may swell in suppression of the menses from other causes than conception; and, it must be also recollected, that weak and delicate females perceive very little or no fulness in the mammæ until after parturition, when the flow of the milk takes place. Some writers on the signs of pregnancy, more especially Gardien and Mahon, have asserted that no swelling of the breasts occurs in women who display the appearances of menstruation in the early months of pregnancy. In the swelling of the breasts we may suspect pregnancy, when, besides great firmness, they feel knotty and unequal when compressed; and this, if the catamenia be suppressed, and sickness and nausea be also present, affords, assuredly, strong grounds for suspecting pregnancy, and should, at least, lead us to institute a more careful investigation than we might otherwise think necessary.

But if, along with the enlargement of the mammæ, the areola of the nipples is also darker than at other times in the same female, this is supposed to strengthen the evidence. The condition of the areola, however, may arise from any circumstance which can cause a determination to the mammæ; as for example, a sudden morbid suppressing of the menses. Many accoucheurs place very great stress on this change in the appearance of the areola. Among these we find Smellie, William Hunter, Dr. Gooch, and Dr. Montgomery. On the other hand, several writers, as well as Denman, regard it as equivocal.

Roederer thus describes this change in the nipples:—"Crassescit papilla, inflata videtur, color ijusdem fit obscurior, simili colore distinguitur discus ambiens qui in latitudinem majorem expanditur, parvisque eminentiis, quasi totidem papillulis, turgitur." Besides these changes, there is also a moisture exuded from the areola, and the little glandular follicles are so bedewed with this as to moisten and colour the shift of the female. This condition of the part is, however, seldom evident until after the second month of pregnancy, the depth of the colour, and the size of the areola, increasing as the pregnancy advances; and about the fourth month the nipple itself, as Roederer has remarked, appears enlarged and inflated, and the surrounding follicles are so large that they may be readily counted. In such a condition of the areola, with the suppression of the menstrual discharge, we have little hesitation in pronouncing that pregnancy exists. It is, nevertheless, neces-

sary to inform you, that many instances of pregnancy occur in which little or no change, either of the colour or the state of parts, displays itself in the areola; sometimes the colour only is present, without the enlarged follicles. Dr. MONTGOMERY mentions a case in which the fact of pregnancy was determined by this sign:—"She (a female in the hospital who denied that she was pregnant), heard the opinion announced, with fiery indignation, declaring that she would submit to any thing rather than lie under so calumnious an aspersion, and even consented to permit an examination per vaginam, as the only thing which could save her character. On making the examination," says Dr. MONTGOMERY, "the fœtus was distinctly felt 'by *ballottement*.' She afterwards acknowledged that she had been 'walking by moonlight with a young man who had a great regard for her.'"

Amongst the other signs of pregnancy, the *presence of milk* in the mammæ is regarded as valid, but nothing is more fallacious. Whatever operates as a cause of enlargement to the uterus, even physometra, or hydrometra, may excite such sympathetic feelings in the mammæ, and cause such determination of blood to them, that their secreting function may be developed, and a supply of milk be the result.

There can be no doubt that the sympathy between the uterus and the mammæ is of the most intimate kind, and exists at every period of female life, after menstruation has once taken place, whatever may be the exciting cause, whether mental or material. This sympathy between the uterus and the mammæ might be illustrated by the fact, that when the lacteal discharge is very considerable the secretion of milk is much diminished. There is also, in some diseases, a serous secretion, resembling that which has been improperly called milk, in the mammæ; and, consequently, the enlargements of the breasts attended with this secretion, is no positive proof of the existence of pregnancy. A girl of Alençon, only eight years of age, was presented, by BAUDELOCQUE, to the Royal Academy of Surgery of Paris, on the 16th October, 1783. She milked her breasts in the presence of the members, and stated that the secretion was produced by the repeated application of an infant, which her mother was suckling at the time. BELLOC mentions an instance of a servant girl, who had the charge of a fretful and importunate infant, and in order to pacify it put it to the breast, and in a short time had a regular supply. In the *North of England Medical and Surgical Journal* an instance is recorded of a woman of forty-nine years of age performing the same office to a child of her daughter-in-law who died.

I had the following illustration of this fact also under my own observation. A lady, who had never been able to nurse, on account of pain and inflammation of the nipples, which nothing had been able to subdue, was recommended to apply to me for advice. I advised her to abstain from any attempt to nurse until every vestige of the presence of milk had left the mammæ, and then to put the child to the breast. She did so; and, five weeks after her confinement, she applied the child to the flaccid breast. By degrees the secretion returned; she had an ample supply of milk, and nursed her infant during eleven months. She repeated this plan with two subsequent children. I also knew a soldier's wife, whose husband was shot in America, and who was then taken as a wet-nurse into the house of the colonel of the regiment, and suckled five generations of children, although she did not marry again, and never had but one child.

You will find curious cases illustrative of the simple influence of sucking on the mammæ, in the *Phil. Trans.*, vols. ix. and xli.; in the MSS. of Sir H. SLOANE, British Museum; in FRANCIS' American edition of DENMAN, p. 229; and in BECK, p. 75. The *Phil. Trans.*, vol. 41, p. 810, records cases of men who suckled children; and both HUMBOLDT and Dr. FRANKLIN confirm these statements on their own knowledge.

A sixth external sign is *the enlargement of the abdomen*. This sign, in conjunction with those already noticed, the suppression of the menses, and the enlargement of the mammæ, is one of great suspicion; but it is liable to more fallacy than any of the others, except that last mentioned. It may, for instance, arise from ovarian dropsy, the presence of a polypus in the uterus, a mole, or hydatids,—a case of which fell under my care at an early period of my professional career, and the hyatids were expelled at the termination of the ordinary period of utero-gestation. It may even arise from difficult menstruation, and from ascites, which, under certain circumstances, has been mistaken for pregnancy, even by medical men in the habit of practising midwifery. It is stated by Dr. Montgomery, that we may readily form our diagnosis from the history of the case, the length of time that the enlargement has existed, &c.; but, notwithstanding attention to these circumstances, mistakes are committed.

The uterus may be inflated with air, as in physometra, and lead to the supposition of pregnancy. In 1798, a female in the Edinburgh Infirmary declared herself in labour, and was attended by one of the pupils for two days and two nights, at the end of which Dr. HAMILTON was sent for. On examining her he soon discovered the error, and humourously declared his opinion that a "patient must be pregnant before she can be delivered."

There are also cases in which water has been collected within the uterus itself,—true

instances of hydrometra, which, unless the examination be carefully made, might easily be mistaken for pregnancy. This, although it may lead to error in a medico-legal point of view, yet is, in other respects, of little consequence; but if the pregnancy exist, and this be mistaken for dropsy, the consequence of the exhibition of diuretic and other medicines calculated to relieve dropsy, may cause abortion, or premature labour; and if the operation of paracentisis be performed, the life of both the mother and the child will be sacrificed. In every instance of enlarged abdomen in a female, if pregnancy be presumed, an examination should be made.

In such a case, the examination should be conducted in the following manner:—The intestines and bladder of urine having been previously emptied, let the woman lie down upon her back, and elevate the knees, drawing them towards the abdomen, and bringing the heels close to the buttocks, so as to relax as much as possible the abdominal muscles; at the same time, the head should be raised with a firm pillow. Whilst the woman is in this position, if the hand be placed on the epigastric region, so that the little finger rest on the pubis, and the thumb on the umbilicus, and the woman make a strong expiration, the womb, if she be not very fat, will be felt distinctly under the hand, and the state in which it is, so far as regards bulk, shape, and firmness, is easily determined. In general the practitioner may conclude that pregnancy exists, if the uterus, at the termination of the third month, appear globular, firm, and with an equal surface, provided the other symptoms which we have already noticed be present, for without these this appearance of the uterus only indicates a change from its usual condition, and an increase in its size; but it does not demonstrate the existence of pregnancy. To increase the probability of accuracy in this examination, the condition of the os uteri should be determined by an examination per vaginam.

Immediately after impregnation the weight of the uterus increases, and it consequently gravitates lower upon the vagina, so that the shortness of that passage in the early stage of pregnancy is considered, in conjunction with other signs, one of the symptoms of pregnancy. In the first three months the os uteri feels full, soft, smooth, and free from irregularities; and its orifice admits more readily the tip of the finger than in its unimpregnated state. It is seldom until the fourth month that an increased length of the projecting tubercle of the uterus, and a shortening of the vagina, afford testimony that pregnancy exists. After the uterus has risen into the abdomen its fundus leans forward, and the os uteri is then directed backwards. It is about the sixteenth or eighteenth week of pregnancy that the uterus rises out of the pelvis; the shortening of the vagina can only be a sign before that period, after it, on the contrary, we must expect to find the vagina elongated. In examining per vaginam, therefore, besides this elongation, which may occur from enlargement of the uterus to a certain extent, from any cause, we must carefully observe the changes in the os uteri. In pregnancy the lips of the uterus gradually flatten and disappear, and this becomes more obvious in proportion as the period of parturition advances. In making this examination in a more advanced state of pregnancy, we expect, in addition to the signs already noticed, to perceive the motion of the child; and in order to do this we are directed to place the woman, prepared as already described, on her back, and having, by drawing up the knees and elevating the head, relaxed the abdominal muscles, we must introduce the fore and middle fingers of the right hand into the vagina, whilst the left hand is laid on the abdomen: by this means we can, as it were, partly grasp the uterus, and gently move it while the os uteri is felt. If pregnancy exist we perceive the movement of the fœtus within the organ, and can distinguish it from the motion of the intestines caused by flatus passing through them,—by a quick and jerking motion, as if something bounded from the fingers; but, in two or three seconds, it will again be felt to drop upon their points "with a gentle pat."* This is termed *ballottement*. In such a case we can have no hesitation in pronouncing that pregnancy is present. I have generally prefaced my examination by another test, on which I have the greatest confidence, as I have never yet found it deceptive. It is placing the female on her back in bed, without relaxing the abdominal muscles; but after having previously emptied the bowels and bladder of urine, and after she is comfortably warm, placing the hand, rendered as cold as possible by putting it into a jug of cold spring-water, upon the abdomen, or the region of the enlarged uterus; if pregnancy exist and the fœtus be alive, the sensation of cold causes a sudden spring of the fœtus, which is felt to strike against the hand.

The certainty of the after-examination is much increased by obtaining this sign; and without it the most experienced accoucheurs, as you will learn from the perusal of works on midwifery, and in particular those of Mauriceaux, De la Motte, and Baudelocque, may be mistaken. An instructive case, so far as regards caution in delivering an opinion even after an examination, is found described by Fodere:—

"A girl who was suspected to be pregnant, and on whom criminal judgment was stayed on this account, was examined by two phy-

* Montgomery.

sicians, two surgeons, and two midwives, at separate times. Some of them declared that she was eight months gone, others that she was not pregnant: she was kept twelve months, during which time the appearance of the abdomen remained unchanged. This," adds FODERE, "threw much ridicule on those who pronounced that she was pregnant."*

As it is often of some importance to determine the period of pregnancy, we must be guided by our knowledge of the changes that take place in the enlargement of the uterus.

During the early months, the finger can scarcely reach so far as to detect the change that has taken place in the upper part of the uterus, although it be still within the pelvis. At the end of the fourth month, the fundus may be felt in thin persons, overtopping the pubic region of the pelvis; in the fifth it rises between the symphisis pubis and the umbilicus; in the sixth it is elevated as high as the umbilicus, which now changes, and is pressed outwards, or, at least, to a level with the integuments; in the seventh month it is half-way between the umbilicus and xiphoid cartilage; and at the eighth it has reached that point of the sternum. I need scarcely remark, that the stature and form of the woman, obesity, the existence of ascites, ovarian dropsy, and other incidental circumstances, must modify these appearances.

Among the circumstances which are apt to mislead, also, besides those already mentioned, when examination is made per vaginam, is the very low state of the uterus, which, occasionally, is found both in married and unmarried women.

Another circumstance which, although rare, yet, occasionally, happens, may lead to an erroneous decision in these examinations, namely, the existence of an unruptured hymen. Besides the case of this kind detailed by Dr. TUCKER, of Malton, in Yorkshire, in a letter to Dr. RICHARD JEBB, and copied in Dr. MERRIMAN'S *Synopsis of Difficult Parturition*, Dr. MERRIMAN relates the case of a Mrs. GREEN, a woman in her 26th year, whom he attended with her first child, and who had been five years married. In this woman Dr. MERRIMAN says, "after several times passing my finger over the membranous expansion, which closed the entrance of the vagina, at length I found a small aperture, through which a pen could scarcely have passed." He adds, "Mrs. GREEN told me that she did not know that there was any thing unusual about her." From these instances it is evident, that when other signs are present, the unruptured condition of the hymen is not a proof that pregnancy does not exist. Similar cases are recorded by MORGAGNI, HUNTER, and SMELLIE.

* Traité de Med. Legale, vol. i., p. 457.

Upon the whole, and the fact, Gentlemen, must be already evident to you, no confidence can be reposed on any single sign; and that even the existence of the whole of the signs of pregnancy must not lead to *too great confidence* in pronouncing an opinion, which involves the reputation of a woman, perhaps the life of a human being. Before the art of midwifery had attained the scientific character which it can now boast, many deplorable cases occurred from ignorance and the want of that caution which I am anxious to recommend to you. You will recollect I mentioned that, in 1655, DEVEAUX stated that a woman was executed, who had been examined by several midwives, and pronounced not pregnant; yet on the dissection of her body a fœtus of *three* or *four* months was found in the uterus. Whether positive certainty will be produced by the use of the stethescope, which has been employed for this purpose, it yet requires time to determine; but certainly the use of that instrument appears to promise the most beneficial results.

The stethescope is capable of ascertainiug the pulsations of the fœtal heart in utero, and a peculiar sound, which has been referred to the placenta. The pulsations of the fœtal heart are found to vary from 120 to 160, whatever may be the state of the maternal circulation; thence they are easily distinguished from the pulsation in the vessels of the mother. They are accompanied by sounds which VELPEAU says resemble the *tickings of a watch*, heard through many folds of linen,—"Les battemens d'une montre enveloppé de beaucoup de linges." But this author admits that this sound not only is not heard until the fœtus is five months old, but it requires an ear much experienced in the use of the stethescope: and there is little difficulty in determining the fact by other means, at this period. The sound referred to the placenta is heard earlier than that of the heart; being obvious as soon as the uterus rises above the anterior wall of the pelvis, or about the fourth month of pregnancy. It is described as a low cooing or murmuring sound, resembling that which would result from blowing over the lip of a wide-mouthed phial, unaccompanied by a sensation of impulse. It is synchronous with the pulse of the mother, varying with every change in the maternal circulation. By this means not only the presence of the fœtus, but its being alive, in utero, are ascertained; yet, as I have already said, time and experience are required to confirm the statements made by auscultators on this subject.

So far as regards the *utero-placental murmur*, we should, in making our examination with the stethescope, be careful to make a considerable degree of pressure with the end of the instrument, so as to bring the source of the sound which we search for

within the scope of our ear. If the stethescope be not thus applied, the intervention of the liquor amnii will prevent the transmission of the sound; but, by gently increasing the pressure, we displace the interposed fluid; and, also, any air within the intestines that may intervene, and bring the end of the instrument so closely upon the uterus as to obtain a solid medium for the transmission of the sound. It is not easy to give a rational explanation of this sound. Dr. KENNEDY, in a paper upon this subject, published in the fifth volume of the *Dublin Hospital Reports*, assumes that it is possible that the passage of the blood through the arterial tubes and cells of the *maternal part* of the placenta may have *some effect* in producing it, but the point admits of doubt. If the sound of the fœtal heart, the *bruit de cœur*, be also perceptible, that, of course, renders the examination decisive; but without it, a sound exactly resembling the *bruit placentaire* may be at any time heard, when pregnancy is not present, by pressing the end of the stethescope over the region of the iliac vessels.

It is natural to imagine that the expulsion of an *early ovum* must be a very unequivocal sign of pregnancy having existed; but this, also, admits of fallacy. In a very early period an ovum is rarely expelled in such a state as to be recognised at the moment, and therefore you should never commit yourselves by an opinion hazarded until you have time for a careful and minute examination. In making this, immerse the expelled body in water for a day, or two days; then wash off the coagulated blood by gentle agitation, and with a blunt probe separate the component parts under water, until you feel satisfied that you have made out its real character. A necessary ingredient for this result is patience; and many days even may be required to complete the examination. If the fœtus be discovered, it is decisive; but this may be lost, and yet the ovum be evident, thence we conclude that pregnancy was present, as no such structure is ever the consequence of disease.

1. The decidua is distinguished by soft, puffy structure, externally rough and unequal, and covered with small foramina: its internal surface smooth, and displaying few or none of these openings.

2. Within this decidual coat is another, which directly inverts the membranes of the ovum: its outer part is smooth, its inner filamentous, receiving the arborescent villi that cover the surface of the cherion, forming the bond of union between it and this inner decidua. "The discovery," says Dr. MONTGOMERY, "of these aborescent villi, or capillaries, is proof positive of the nature of the product, as they are never found presenting like characters, except upon the chorion, or uterine surface of the placenta.

Moles may produce enlargements of the uterus, and cause appearances resembling those of real pregnancy. But it has been argued that moles are the result of conception. Mr. BARNES, among others, says, "No case that I have ever heard of contradicts the supposition." On the other hand, RUYSCH, and others, assert that they are found in females who have never had sexual intercourse. MAHON says, they may be all referred either to a placenta which has continued its growth after the fœtus has perished, the degenerated remains of the after-birth, coagulated blood, sarcomatous tumours, or polypi of the uterus. The two first cannot exist except after sexual intercourse; the other three may be independent of it. "This," continues he, "is a distinction of the greatest importance in questions of legal medicine, that we may not, without cause, compromise the reputation of an unmarried girl, nor that of a widow of irreproachable life and conduct."

The same reasoning cannot refer to the expulsion of hydatids, "which never occur except after sexual intercourse, and as a consequence of impregnation."*

Membranes expelled in dysmenorrhœa must not be mistaken for abortions. When they are carefully examined no mistake ever happens; neither are the other symptoms present that mark pregnancy. These membranes most generally occur to married women who are barren; but they sometimes occur to the unmarried, who have never had sexual intercourse; and this is a fact of the greatest importance in connection with our present investigation.

It is unnecessary here to enter into the nature of pregnancy complicated with disease. This belongs to the science of obstetrics rather than to medical jurisprudence.

Upon the whole we are authorised to conclude,—

1. That in the early period of pregnancy, in the first four months, the diagnostic signs are extremely uncertain.

2. That the certainty of the diagnosis at five months and afterwards increases, in the ratio of proximity, to the period of parturition, although at no time can it be regarded as completely satisfactory.

3. None of the signs alone can be regarded as truly indicative of pregnancy; consequently the medical practitioner must rest his opinion on the reunion of the principal signs, without neglecting those which are accessory. The opinion in favour of pregnancy may be hazarded "when the menses are suppressed and the female continues in good health, if, along with this sign, the abdomen generally enlarges, the mammæ increase in size, and the areolæ around the nipples become dark-coloured, with the follicles enlarged and moist, and when, on examination with the cold hand, the motion

* Montgomery.

of the fœtus is perceptible, and the stethescope can detect the placental sound, and the cervix uteri, also, is found diminishing and its orifice thin." Now, as after every care and skilfulness in the medical man, a degree of doubt may remain, it is the duty of the practitioner to follow the judicious advice of Mr. MARE, "that in every case the possibility of pregnancy ought to be admitted when this tends to favour the preservation of the mother, and, consequently, that of the offspring; and, for the same reason, we must always suppose the possibility of its absence when that state is to favour some advantage, or to evade some positive evil." It is less injurious, both to our own reputation and to the honour of the profession, that we should be deceived, than that, by an error in judgment, human life, or what is not less valuable, the reputation of a female, should be placed in jeopardy.

If the difficulties of ascertaining the existence of natural pregnancy be so numerous, how much more are we likely to be puzzled with cases of extra-uterine pregnancy; and yet, for the purpose of justice, it is absolutely requisite that the diagnosis of this state should be understood as far as it can be made out. An assault upon female chastity may take place, which, from the mental imbecility of the female, or from other circumstances, can only be proved by the existence of pregnancy; and this state may actually be present without any fœtus being lodged in the uterus.

The same signs which characterise the existence of natural pregnancy in the early months are present in extra-uterine cases, although the menses are not wholly suppressed; the abdomen gradually enlarges; but this is more irregular in its progress, and the obvious enlargement not so soon apparent as in common pregnancy; and at each monthly period the woman suffers great pain, such as occasionally occurs in the unimpregnated uterus prior to the appearance of the menstrual discharge, which also in this case seems to be present in a small degree.

The only thing that can be done by the medical jurist in this case is, patiently to await the issue, and to recommend a delay of all judicial proceedings until after the termination of the usual period of gestation. This advice, however, may sometimes be productive of singular consequences. Cases are recorded in which these extra-uterine fœtuses have been carried for many years. In the *Journal des Sçavans* for 1768, is the case of a woman who carried an extra-uterine fœtus in the omentum for twenty years; and in the *Philosophical Transactions*, another which extended to forty years. Now, it is difficult to determine in what manner the purposes of justice are to be fulfilled in such cases.

LECTURES
ON
MATERIA MEDICA AND THERAPEUTICS,
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AT THE
WINDMILL-STREET SCHOOL OF MEDICINE
BY
GEORGE G. SIGMOND, M.D.

LECTURE VIII.

OPIUM, (*continued*):—*Its injurious effects when Increase of Vascular Action has not been subdued by Depletion. Its advantages in Inflammations, afterwards. Its importance in Acute Rheumatism, in combination with other medicines. Its employment in Gout, the Exanthemata, Passive and Uterine Hæmorrhages, Dysentery, Tetanus, Spasmodic Diseases, Diabetes, Lues Venerea, Maniacal Affections and Melancholia, and Renal Diseases. The Functions of the Urinary Apparatus. Stone. Uses of Opium in Surgical Practice. Importance of expressing the Sensations of Pain during bodily suffering from Operations, &c.*

GENTLEMEN:—In my last lecture I observed, that some authors have laid it down as a general rule, that opium is prejudicial in all cases of inflammation, in whatever organ or tissue it may be seated; and the disciples of the celebrated CULLEN have been said to entertain "a nosological dislike to opium in pure inflammation." That the greater number of authorities are opposed to the administration of this drug in the earlier and more active states of inflammation, cannot be denied, more particularly where the great organs upon which the actions of life depend are compromised; but the same individuals who have thus given us the best precepts, admit of its exhibition, with a due degree of prudence and caution after those free and copious evacuations, which long experience has taught to be absolutely necessary. In cerebral and pneumonic inflammations, the worst symptoms will be aggravated, unless active venesection has preceded its use; where a remission has taken place, in consequence of such treatment, opiates may safely and advantageously be administered. Where the circulation is accelerated, and a determination to any viscus has occurred, accompanied by pain and tension in its vicinity, and where there is the peculiar hard and wiry pulse which denotes that increased vascular action has taken place, we have no right to trifle, in any way, with the case; we must have recourse to depletion, and avoid the use of opium, and although there may be opinions

at variance with the doctrine, even in simple catarrhal affections, at their commencement, its use is contraindicated; but although this is the case in inflammation of the viscera, or the mucous membranes, it is not so when the muscles and the joints are thus attacked. In rheumatism, in its most acute form, I look upon opium as a specific; and this lesson was taught me by watching the practice of my revered preceptor GEORGE PEARSON, and adopting the treatment which I saw uniformly successful at *St. George's Hospital*. To him I must always look with respect,—"Hunc illum video mihi principem, et ad suscipiendam, et ad ingrediendam rationem horum studiorum." He was a man of very considerable practical knowledge; but in the treatment of no disease did he exhibit more masterly skill than in that of rheumatism, which he uniformly cured by means of opium, exhibited sometimes in the form of the pulvis ipecacuanhæ compositus, ten grains every six hours, and sometimes combined with calomel, two grains of which, with one of opium, he was in the habit of administering every four hours, until the mouth was very slightly affected. The sudorific plan was, however, more generally pursued by him; the combination with calomel only when there were symptoms of disturbance of the chylopoietic viscera, or a marked plethoric state of the system. I have constantly found that those of his pupils who followed his footsteps have been equally successful. You will find, in the volumes of the *Medical and Physical Journal*, many instances of the good effects of this practice detailed by those who tried his plan. You will observe, in the volume for 1812, some cases related by Mr. SCOTT, with some very judicious and valuable remarks upon his skilful preceptor's maxims. Dr. PEARSON placed no reliance whatever on blood-letting; to produce the most copious perspiration by the DOVER'S powder, seemed, generally speaking, to be his wish, and upon this he rested his means of cure, and the good results were most apparent.

Bear in mind, however, that if you have commenced your treatment of rheumatism by blood-letting, you must not attempt to administer opiates in any form; as Dr. RUSH observes, you thereby only protract the symptoms; and, indeed, SYDENHAM, with his usual sagacity, perceived this; he was a decided advocate for bleeding, and had no faith in the employment of opium, "the use of which," he says, "requires more copious bleeding, and, therefore, though the pain be ever so violent during the whole course of the disease, yet when I intend to effect the cure solely by bleeding, I judge it highly necessary to refrain from opiates, because the disease is fixed thereby, and does not yield so readily to bleeding; so that when such medicines are given too freely, bleeding must, in consequence, be oftener repeated than is otherwise necessary; besides, in the height of the disease, they do not answer the expectation we have conceived of them." These important doctrines have been held sacred by CULLEN, by VAN SWIETEN, by PRINGLE, and by RUSH; and the favourite mode of treatment of acute rheumatism is by blood-letting. Experience has, however, taught me the value of Dr. PEARSON'S plan, and many of you have had opportunities of witnessing its success. It does not leave debility behind it, nor does chronic rheumatism supervene. I have sometimes found the wine of the root of colchicum, half a drachm, a scruple of carbonate of magnesia, a drachm of spirits of nitric ether, in an ounce and a half of camphor mixture, every eight hours, of essential service, after the DOVER'S powders have produced their excretory influence, more particularly when some slight and transient pains have occurred after the acute stage has been cured. Some individuals, and those, too, whose opinions are worthy of the deepest respect, still, as I have observed, prefer blood-letting; and they state a fact which is most true, that just before the sweating bursts forth, the pain becomes almost intolerable; this, however, is relieved immediately that the skin is influenced.

In gout, opium may be occasionally used to allay excessive pain, in the first paroxysms, occurring in early life; but, at later periods, most practical men are adverse to it. This disease is evidently much less frequent than it formerly was in this country. I can remember the time when very few persons, of a certain condition in society, had not some occasional fit of the gout. The country gentleman, a species now almost extinct, was of no estimation amongst his domestics and tenants, unless he now and then was visited by a few twinges. This, most probably, depended on the enormous quantities of wine occasionally drunk, and the life of ease which was passed. The *Treatise on Gout* by SYDENHAM, is the most masterly medical production that ever was penned, although written with a modesty and diffidence rarely to be found. He was himself for thirty-four years afflicted with it, and his immoderate application to this treatise, singularly enough, occasioned the severest fit of the gout he ever had. My own experience is, I must acknowledge, not sufficient in this disease to lay down any decisive doctrine, such as that I have delivered when speaking of rheumatism; but I have seen very beneficial effects result from the use of DOVER'S powders. My own mode of treatment has been, as I shall hereafter have occasion to tell you, by means of colchicum, which, I think, cautiously and warily administered, is a specific remedy. In gout in the stomach, or where there is an

atony of the system, opium becomes a very important remedy, and affords the surest relief.

Opium, in the exanthemata, or those diseases which are attended with specific eruptions, which occur once only during life, is occasionally to be administered; for instance in the confluent small-pox, when salivation, the necessary evacuation, occurs, it is most advantageous, and in stages of debility; but, on the other hand, it should most scrupulously be avoided in the diarrhœa which succeeds measles, the proper cure of which is bleeding; and the same caution is to be evinced in the delirium that attends scarlet fever, and which sometimes precedes it. This delirium, unlike the delirium of fevers, is not to be considered an unfavourable symptom, nor should you allow it to weigh upon the minds of the friends of the patient; it must not be tampered with, and bleeding and blistering are, above all, prejudicial. In active hæmorrhage, or fluxes of blood, whilst any fever is present, opium is not to be given; but in passive hæmorrhages it is serviceable; in uterine hæmorrhages it has the recommendation and authority of Burns, of Gooch, and of Hamilton, and very large quantities may be given at a dose. Mr. Stewart recommends, and gives the dose in his practice, in the *Medico-Chirurgical Transactions*, not less than 80 drops at a dose; it certainly is of the greatest value when much restlessness and irritation are present, you must, however, be aware of the fact, that not unfrequently, as a secondary effect, it produces retention of urine; you must also remember, that according to the urgency of the symptoms must be the largeness of the dose, and that once having given a certain quantity you must not diminish it, and, above all, you must not suddenly omit it altogether; these are practical points of great importance, and are to be gathered from the works of the authors I have just named, and from daily experience.

In dysentery, as occurring in this country, opium is most valuable, and here again I must refer you to Sydenham; and also in warmer climates it has met with its supporters—Lind, Wedelius, Bontius. At the same time there are not wanting men of ample experience who do not place any faith in its efficacy in this disease; amongst whom I may mention Pringle, Cleghorn, Blane, and Baker. A few gentle purges of castor-oil, followed by laudanum, is the most general treatment pursued in this country; but care must be taken to give sufficient doses at proper intervals, and not, as Dr. Crumpe has observed, is too often the case, "to give an anodyne at night which eases and composes the patient, and in the morning, when its efficacy is worn out, and the tortures of the complaint again return, in place of repeating what before proved effectual, to have recourse to some irritating purgative." Where the intestines have become ulcerated, opium may freely be given as a palliative. In the third vol. of the *Medical and Physical Journal*, for 1800, appeared a letter addressed to John Pearson, from Mr. Hope, in which he speaks of opium combined with nitrous acid as a specific for dysentery. He prescribes, with unvarying success, acid nit., ʒij; opii, gr. ij; aquæ puræ, ℥ij; of which he recommends a teaspoonful two or three times a day, with any liquid.

In tetanus opium has been administered in enormous doses, and it is generally acknowledged that more benefit has been the result of this than of any other remedy. In this disease opium has been given to the amount of a scruple every hour, and a drachm as a night dose; and there has been found in the stomach, upon examination after death, sufficient to have killed the patient if he had recovered from the disease. In an early volume of the *Medical and Physical Journal* Mr. Cole relates a successfully treated case of tetanus, in which he gave thirty grains of pure opium, which is equivalent to 600 drops of pure laudanum, in twenty-four hours. Mursinne, of Berlin, has treated this subject very well; he prefers giving the drug in small doses, placing his patient in a warm bath, which evidently increases the activity of the opiate, which he prefers employing in the liquid form, at repeated intervals, giving larger doses gradually. Mr. Jenkinson, of the *Manchester Infirmary*, Mr. Boutflower, of Salford, and Mr. Ward, Surgeon to the *Manchester Infirmary*, wrote very ably some time since on opiate frictions in tetanus; with this remedy they had been eminently successful. Mr. Ward's observations on the effects of opium, applied internally, are remarkably practical and judicious. In the early volumes of the periodical to which I have alluded, you will find a series of very useful dissertations by Mr. Ward on the modus operandi of opium; they occupied a great deal of attention at the time they were published: the subject is, as I have elsewhere observed, very interesting, but very difficult of solution. Dupuytren has taught us to give, with decidedly good effect, opium in that species of delirium traumaticum which is so closely allied to delirium tremens, and which often follows very violent injuries. If the opium be suddenly discontinued, a relapse of the delirium, accompanied with most extraordinary depression, is the result. I must refer you to a very interesting case, under the judicious management of Mr. Cæsar Hawkins, at *St. George's Hospital*, where, from fracture of the neck of the thigh-bone, delirium traumaticum occurred; it is narrated in the *Medico-Chirurgical Review* for February, 1829, and is well worthy your attentive perusal. In the greater number of the diseases which are classed under the head of spasmi, opium

is very serviceable, but the effects are transitory, seldom terminating in cure; it is, therefore, employed only as a palliative. Thus, in chorea it affords temporary relief, but as more active remedial agents are known to us it is rarely employed. Opiate frictions in spasmodic diseases are frequently of most decided use; a drachm of finely-powdered opium with a pound of axunge, or half an ounce of tincture of opium with the yolk of an egg, or with two drachms of oil, or with soap liniment, will be found most serviceable.

In DUNCAN'S *Annals of Medicine* will be found a translation of Dr. CHIARIGE'S practice in tetanus, in hydrophobia, in epilepsy, and likewise in paroxysms of the most furious mania, and in diabetes. Many cases are recorded of similar success by many British practitioners in various of these diseases. Opium, in true spasmodic colic, is a judicious remedy. Where this disease, however, is combined with inflammation, it is hurtful. A few drops of laudanum (from fifteen to thirty) in castor oil, in the earlier stage, will act as a charm; and also in that sudden and excruciating colic which results from the taking of cold drinks, or ice, whilst the system is heated; and in this case a large dose is absolutely necessary.

In epilepsy, where no plethora exists, and where pain occurs, opium may prove serviceable; still we have not many cases on record which have been thus cured. Dr. DARWIN tells us, that in two cases in which it occurred during sleep, a grain of the drug given at bed-time for some months removed the disease. DE HAEN relates, also, a case in which epilepsy, occurring during the night in a boy of six years of age, was cured by commencing with small doses, and gradually increasing it. DUCHESNE called opium a specific, but it has not obtained that character generally; indeed, it has been rather the subject of theoretical reasoning in this complaint than of practical experiment. Its external application has been of service. PORTAL attended a young lady who was daily attacked by very severe epileptic fits; they commenced in one of her toes, and he entertained an idea of cutting the nerve, with a view of interrupting the communication; but he determined previously to try the application of opium, and he succeeded in effecting a complete cure.

In that singular disease, diabetes, where the functions of the kidneys seem completely changed, and where the solids seem decomposed, and a morbid secretion is formed, Dr. ROLLO'S plan of animal diet is not always to be carried into effect, from various causes, and in such cases opium and cinchona are most serviceable, and they generally, too, assist where the patient can be confined to animal diet. This singular, and sometimes obstinate, disease has yielded to the administration of opium, long persevered in.

Opium is of very considerable service in combination with the different preparations of mercury in the cure of lues venerea; it has, certainly, no specific effect, nor is there any additional efficiency given to the mercury, but it has the power of diminishing the sensibility of the stomach and bowels, and it prevents many of those inconveniences which are apt to attend upon the administration of mercury, and it also facilitates the introduction of the mineral into the system. It removes likewise the morbid irritability often produced by mercury, and is useful where venereal sores are painful, and seem disposed to spread. Opium, as JOHN PEARSON has observed, may rather be said to assist the constitution of the patient than to communicate any additional virtue to the mineral specific; and hence he will be better enabled to bear the quantity that may be necessary to effect the cure. The good effects of mercury are sometimes lost by the supervention of diarrhœa, of vomiting, or of dysentery; but opium has the power of correcting those morbid changes.

In maniacal affections, and in melancholia, opium has been given by some practitioners in very large doses, and occasionally with good effect; it must, however, be considered as rather a doubtful remedy. BERNARD HEUTE first gave a very favourable account of the effects of opium in large doses; it is to be found in WEPFER'S *Historia Apoplecticorum*. Dr. FERRIER was induced to try it, and gave in one case a quantity of an anodyne solution equal to sixteen grains of solid opium, in the day; the patient was not benefitted. He tried it in other cases, with similar results; in combination, however, with bark and aromatics, where the appearances resembled those of the low delirium in fevers, he was eminently successful. PINEL greatly approves of Dr. FERRIER'S method of combining the use of bark and opium in cases of melancholia with great atony and depression, as well as in accidental idiotism consequent upon a too active treatment of mania. Dr. LAUGHTER, Physician to the Lunatic Asylum at Vienna, who tried many remedies, administers opium at bed-time as a soporific, and seems to think the general health much improved by its use.

Probably no part of the human system is more alive to painful sensations than the organs which are subservient to the urinary secretion, and to the faculty of generation. Although the kidneys are not endowed with very acute sensibility, the assistant organs and tissues have an extraordinary degree of feeling, and they likewise sympathize with other organs and tissues. Opium, in the various states of disease to which these parts are liable, is of inestimable value, for it is very quickly conveyed to them, and very speedily communicates to them its anodyne

virtues. Physiologists looked to the channel by which fluids are rapidly carried to the kidneys, with the same anxiety and ardour, and the same disappointment, that in our days navigators have looked for the north-west passage; but it is now ascertained that the blood is transmitted to these organs in a very short space of time, and that not less than one-eighth of the whole mass is directed to them. RICHERAND observes, that 1000 ounces of blood pass through the renal tissue in an hour. Supposing that this fluid contains only one-tenth of the materials fit for supplying urine, a hundred ounces, or seven pounds and a quarter, might be given out in the hour, and never, with the most copious diuretic drinks, does more of it pass within that time. Probably there is no part of the wondrous system of man that excites more astonishment from its simplicity and its extraordinary utility in the economy of life, than the urinary apparatus; the blood seems to give up to the kidneys every ingredient that might too much stimulate the brain and nervous system; they act as excretory organs, carefully watching over the circulating fluid, abstracting that which is deleterious, and filtering at the same time with great nicety the watery fluid which they have taken up, lest it might prove hurtful to the other parts of the apparatus connected with them; yet, notwithstanding all the precautions, deleterious ingredients are received by them, causing considerable excitement in the whole system. These ingredients occasionally cohere, and form small masses; they remain in the kidneys, or are transmitted by the ureters to the bladder, where they become sources of pain and suffering, and occasionally require the knife of the well-skilled surgeon to make such an incision through the integuments, and the bladder itself, that he may be enabled to grasp the extraneous substance, extract it, and by this formidable operation restore to its former state that organ. In all the varied stages of the disease, opium is of infinite importance, and so is a knowledge of the time, and circumstances under which it is to be given.

It has been said that surgeons have not a sufficient reliance upon the powers of opium, and that their works are singularly deficient in cases in which that drug has been employed; and, certainly, on looking over the volumes of our earlier French and English authors, we find very little notice taken of its effects. The celebrated LE DRAN hardly mentions it, and AMBROSE PARE seems seldom to have had recourse to it; RICHARD WISEMAN, the serjeant-surgeon to CHARLES THE SECOND, whose works would have adorned the present high and palmy state of surgery, says but little; his principal observation is, "You ought to be speedy in mitigating pain, for nothing dispiriteth your patient more, nor maketh more disturbance in wounds, the humours flowing abundantly to the pained part, whence ensueth great inflammation and humour, wherefore you must hasten to succour it by anodynes;" still, he only prescribes fomentations and cataplasms of hyoscyamus, and of mallow. POTT only mentions opium twice, once when speaking of its efficacy in retentions of urine of a spasmodic character, and again in his much valued essay upon the cure of mortification occurring in the toes; more modern authors are also equally silent upon its uses; there are, however, in the periodical journals devoted to medicine, which have been so long an ornament to our literature, many very interesting papers, and narrations of cases, which, if collected, would form a most important addition to our stock of knowledge. There has been a question agitated, whether opium should not be administered previous to any great surgical operation, for the purpose of lulling the suffering, and diminishing the excitement of the nervous system. Most of our English surgeons prefer preparing the patient by attention to diet, by a due regulation of all the secretions, and have a strong objection to the employment of opium, fearing a fever may supervene, or that the bowels would not perform their proper functions. Doubtless some individuals, unknown to their medical friend, have recourse to opium, and I have heard of two instances in which the bad symptoms that arose from amputation under favourable circumstances, were ascribed to this cause. Although I have made many inquiries from some of our first and most experienced surgeons, I find that they have never countenanced its administration. It appears that opium decidedly quiets the sufferer, stupifies him, and that he makes little or no exclamation during the operation, and this so far from being considered as a favourable circumstance, is one that betokens the greatest danger. To give expression to great agony, and to employ muscular action during pain, is of much greater importance to the recovery of a patient than you would at the first glance be led to imagine. Pain is always much alleviated by any violent action of the muscles, hence it is that you observe during parturition a woman grasp with the greatest energy any object which gives resistance to her muscles; it is in consequence of this, that during any intense agony individuals compress their lips, and their teeth, and also bite any substance; this gives rise to the figurative language of the Orientals,—"there shall be weeping and wailing and gnashing of teeth." Screaming and exclamation, however distressing and sometimes harassing to the operator, affords much greater relief than would any narcotic, which would suppress those outpourings of nature, and give rise to fever. It is as necessary that the body should have its means of expression of grief, as it is that

the mind should relieve itself from its sorrows by words, which, if it do not give vent to, becomes overpowered. Of this state SHAKSPEARE, with his characteristic knowledge of man, and of the feelings which agitate him, gives us a delineation in his description of the state of MACDUFF, who stands stupified on hearing that his wife and children have been savagely butchered, upon which his friend says,—

"What! man! never pull your hat upon your brows;
Give sorrow words; the grief that does not speak,
Whispers the o'erfraught heart, and bids it break."

To stifle the expression of pain under operations, has, therefore, been avoided. Baron PERCY, who has been said to have performed as many great operations as any surgeon known to us, has observed that it is a favourable circumstance when the patient cries and shed tears. The Baron LARREY has written upon the language of complaint during pain, and the consequence of suppressing it; and you may consult a very well-written essay upon the subject in the second volume of the quarterly series of the *Medico-Chirurgical Review*. Baron LARREY says he has known men who, in the midst of the most terrible suffering, knew not how to cry out, or who could not; they appeared as if stupified, or absorbed by the pain. He has exhorted them, under such circumstances, to cry out, when he saw their necks and chests swell, the hair bristle on their heads, the mouth closed and distorted, all their muscles contracted, the face pale and sunk, the eye fixed and projected, the countenance wild, a hollow stertorous sound issuing from the bottom of the throat, and yet suffering nature giving no vent to her feelings. Some individuals who express little, actually fall victims to the suffering, not to the operation. M. BIOT gives us an instance of this kind. He extirpated a large cancer from the breast of a female, who experienced such excruciating pain during the first incision, and the whole of the body was thrown into such a state of rigid contraction, that it required six men to hold her. The surgeon was obliged to stop the operation for two minutes, till the spasmodic action ceased. She then appeared as though she had lost all her energy. She made no complaint during the sequel of the operation. The tumour removed, no hæmorrhage succeeded. She was placed in bed, dressing was applied, and she appeared indifferent about every thing, except repose, which she much wished for. She died in a few hours.

Baron LARREY extirpated the breast of a lady affected with cancer, who was of a most religious turn of mind. She held a crucifix in her hand, smiling and talking in the most tranquil and quiet manner during the whole of the operation, while her body was contorted with agony. She was seized immediately afterwards with a universal spasmodic affection, which nearly put an end to her existence. The Marechal de MUY was operated on for stone in the bladder; he prayed devoutly at mass just before the operation, for strength of mind to bear the pain, and he so far suppressed the feelings of nature, that he uttered not a murmur whilst the stone was extracted. He died immediately after.

It has been supposed that men exhibit a greatness and nobility of mind who refuse to follow the dictates of nature, and who will not give vent to the agony they endure. Sometimes, however, the magnanimity of the hero gives way to the common impulse to which man is subject. Thus, when the mighty warrior whose name is consecrated to glory and to valour, HENRY IV. of France, was obliged to allow the celebrated FELIX to perform the operation for a fistula in ano, he endeavoured to summon the fortitude of the monarch, and forget the feelings of the man. He suppressed his agony for some time, but the bistoury at last conquered the resolution he had summoned, and the general and the monarch roared as lustily as the lowest of his subjects would have felt justified in doing under similar circumstances. During the attempt to suppress the language of pain, the functions of the heart are deranged,—it is embarrassed in its action,—the circulation of the blood through the pulmonary system is impeded,—the respiration is interrupted,—the motions of the diaphragm are tumultuous and irregular, whilst, on the other hand, the cry dilates and distends the parts that have been constricted, facilitates the circulation, unloads the heart. The deep inspiration followed by the sudden expiration relieves the congestion in the lungs, and thus prevents a derangement of all the functions of the organs.

ACCOUNT OF THE

INFLUENZA PREVALENT AMONGST HORSES,

WITH PROOFS THAT

IT IS FEVER.

By CHARLES CLARK, Veterinary Surgeon, London.

It appears that neither the oldest nor the best informed of veterinary practitioners can remember any instance of a complaint so extensively fatal amongst horses as the prevailing disease called "Influenza," a term which, while it indicates the wide-spreading nature of the malady, is employed by no means with satisfaction to the medical enquirer.

We have frequently had the name "Influenza" applied to certain affections of the air passages, when occurring in unusual profusion at particular periods of the year, but the present epizootic is of a perfectly different character, and exhibits a train of symptoms which are well worthy of being recorded. Some idea of its ravages may be formed from the fact, that at one large brewery in the metropolis more than 60 horses were ill at the same time, and that various coach proprietors have lost, respectively, from 50 to 100 valuable animals. It attacks all kinds of stabled, working horses, and I think that I have observed it to be more frequent and severe in the young than in the old horse. Nor has it been confined to the large establishments, where numbers were crowded together, but it has often seized single horses, in situations which have been the most unexceptionable with respect to ventilation and comfort; and even horses at grass have not been entirely exempt. It continues unabated, or, rather, it has only recently appeared, in various parts of the country.

Under these circumstances I am led to offer the observations which have arisen during a very extensive practice in this disorder, more particularly as my views of its pathology and proper treatment have been different from those of all, or most other, veterinary practitioners. I believe, that in the attendant train of symptoms we have an extremely near approximation to pure, or idiopathic fever, the existence of which in the horse has been hitherto justly doubted by the best veterinary authorities, and I am sure that a course of treatment planned in conformity with this diagnosis, has very seldom failed to produce a favourable termination. Mr. Bracy Clark has observed, in the Introduction to his *Pharmacopœia Equina*,—"Of idiopathic, or pure fever, there is none, I believe, in the horse; what is called fever, with him, is constantly the inflammatory affection of some organ, or organs, and by far the most frequent of the lungs;" yet, in some instances of the prevailing epizootic in which I have been fortunate enough to obtain his opinion, he has readily concurred with me respecting the unusual character of the complaint, viz., the existence of simple febrile symptoms, unconnected with special inflammation of any of the visceral organs.

With regard to the proximate cause, or causes, of this singular disorder, there is little to be stated but what is conjectural, and if we assert that some unseen atmospheric influence has prevailed of late, it surely has escaped our cognizance. It must, also, in fairness be stated, that the weather was not remarkably oppressive in London at the commencement of the disorder, but was generally mild, with south-west winds; the malady, indeed, has now continued for months without apparent regard to meteorological differences. In answer to the question, "Is this epizootic contagious, or not?" enough may be advanced on both sides of the question. We have known it to be prevalent in one livery stable, and not in another situated on the opposite side of the street, where there was no discernible difference in the feeding or treatment of the horses; and at Hounslow, where several hundred stage-horses usually stand, belonging to different proprietors, this circumstance has been particularly observable. At first I was unwilling to admit the contagiousness of its nature, or to consider any precaution against it as useful or available, but having now seen four out of five horses taken ill in one stable, and various instances of proprietors losing their stock in airy situations, while others, which were more exposed to what we should term "unfavourable influences," have escaped entirely, my opinion is modified, and I would go so far as to advise, that if one horse in a stable were to be attacked with the complaint, the rest should be immediately removed to separate sanitory stations, which need be at no great distance.

The ordinary symptoms are, loss of appetite, in some degree, but seldom a total refusal of food, the spirits not greatly affected, although there is a rapid prostration of muscular strength, tumefaction of the eyes, (frequently of only one eye), with weeping; the skin all over the body warm, and even sometimes hot; the legs variable and alternating in this respect; the horse hangs as far back from the manger as possible, is easily excited to spring forward; he will feed a little out of the offered hand, but if left to himself he quietly relapses into a state of dulness and stupor. I have observed a palpable sense of heat over the brain and the base of the ears; the parotid glands are much enlarged; the mucous membrane of the mouth looks of a dull tumefied red colour, and, frequently, the lower lip swells, becoming hard and knotty, and quivers involuntarily when the hand is applied to it. The pulse is small, quick, and irregular, at the sub-maxillary artery, but if observed at the forearm it is found to be more uniform, only accelerated from about forty to sixty, or, perhaps, to eighty.

In no case have I observed any cough accompanying this complaint, and rarely any nasal discharge on the first attack. Its access is very rapid, for a horse may feed and work well in the morning, and this first course of symptoms may become fully developed before night; the earliest notice is given by the turgescence and protrusion of the conjunctiva, which is frequently mistaken, by bystanders, for approaching ophthalmia, or a blow on the eye, but is easily distinguishable from these by the absence

of acute pain in the part, and its peculiar dull-red lilac colour.

Within a variable time, perhaps two or three days, from the commencement of these first appearances, and unless they are averted by proper treatment, a new, or second, train of symptoms appears. The horse is observed to lie down quietly, and to get up again; this he does often, and, while standing, he may be seen lifting and resting, alternately, his legs, generally one of the hinder limbs, and he seems in dull pain; at the same time all the preceeding symptoms are aggravated; still he is seldom wholly off his feed, and he is easily excitable; he will sometimes look round towards his flank a little; his ears are laid back, or staring forward, and, altogether, he is in a disturbed state, the eyes mostly closed by swelling. The secretion of urine does not seem particularly affected; the bowels are seldom costive, but the fæces are almost always coated over with slimy mucus, and on breaking the dung balls I have found the oats whole, and have thought that the hay seemed long and dry, as if badly digested, although, on account of the mucus, it did not on the outside appear to be so.

After about one or two day's continuance of this state, if it be not timely mitigated, the horse becomes either stupidly comatose, or wild with pain; he turns generally in one direction in his loose-box, lingers for some, or several, hours, and when he falls it is first with his head; he will often raise all the body, but be unable to get his head from the ground. Although before this time the action of the heart of course becomes very much accelerated and irregular, there is never much blowing or excitement of the lungs until an hour or two before death.

In other cases the bowels are much disposed, on the exhibition of very slight aperients, to take on a violent purgative action. At length the horse lies down on his side, in great pain, but does not struggle much; all the first symptoms are aggravated; watery fæces pass involuntarily, and without active and consistent treatment he will never rise again. Sometimes it happens, through ignorance or recklessness, that a horse is put to work when labouring under the first train of symptoms; the disease then rushes in a very few hours into the second stage, and is attended with great danger. On inspection after death, I have always found the mucous membrane of the intestines very much inflamed, varying, according to the duration of the attack, from the rosy tinge of acute inflammation to the darkened purple of mortification; and in the latter stage small ulcers are observable, some commencing, when they appear irregularly studded along the ileum, of about the size of a daisy, raised, and redder than the surrounding parts; others are completely formed, with elevated ragged edges; the circumscribed portion of the membrane is wholly or partially destroyed, and appears as if it had been touched with caustic.

I believe that the disease usually causes death before these ulcers are perfectly established, for although in several instances the red raised spots have been found, it was only in one or two cases that I saw the ulceration perfect; then, indeed, they were spotted along the whole canal, from end to end, but in a less forward state in the cœcum and colon.

Proceeding with the investigation, the stomach may sometimes be seen participating in the inflammation, but not always; the liver and lungs usually are sound, although, from the latter being usually gorged with blood at the time of death, the inexperienced observer will often ascribe it to that cause, as they seldom think of examining the brain. When, however, the skull is carefully removed, and that organ is exposed, I have invariably found its vessels distended and enlarged, and even with sanious serum effused over its surface; and in prolonged cases, a considerable quantity (three or four ounces) of serous fluid has flowed from the brain when the head was severed from the body. In all subjects which I have examined, and they have been very numerous, that organ has exhibited unquestionable indications of having been deeply concerned in the course of the complaint, although at the commencement of the epizootic this original cerebral disturbance was easily overlooked, in consequence of the more striking symptoms of intestinal inflammation supervening in the second stage.

But our knowledge and treatment of these first cases appearing to be equally unsatisfactory, I was induced to consult Mr. Bracy Clark, who has long retired from general practice; and on my anxiously detailing to him the peculiarities attending this new disorder, he at once suggested that it was primarily an affection of the brain, an opinion which has been most fully confirmed by subsequent experience. My situation, near the largest knacker's-yard in London, filled, as it has been, with the victims of this direful equine pestilence, has afforded me daily opportunities of post-mortem investigations.

Treatment.—Considering the disease, in the first case, as inflammation of the brain, I usually take, according to the strength of the horse, three, four, five, or even six quarts of blood from the neck, at the commencement, but never repeat venesection, excepting from the angular veins of the eye, which, with warm fomenting, will sometimes yield a considerable quantity, greatly to the relief of the brain. I then give *Barbadoes aloes* ℥ij, a ball containing *nitre* ℥iv, and *antim. tart.* ʒss. Place the

animal in a cool, airy box, rather darkened, and foment his head with warm water very often.

Diet.—This should consist of bran mashes, a small quantity of sweet meadow-hay sprinkled, with green vetches chopped amongst it, if obtainable, and a pail of fresh blanch water, tied up within his reach, as the thirst is often excessive.

I have repeated the fomentations three times a day, with frequent glysters, and given aloes, cautiously, a drachm, or less, twice a day, until a moist state of the dung has been induced; but, as before stated, there is some danger lest aperients should operate too violently. I know that some practitioners have been afraid to administer laxatives on this account, and they have thereby deprived themselves of one of the most important curative means; but by freely resorting to a remedy but little known in the veterinary profession, though long since made public, and strongly eulogised, by Mr. Bracy Clark, I have been enabled successfully to control the evil of superpurgation. This invaluable power resides in the neutral salts, sulphate of soda, and sulphate of magnesia, which, given in doses of from two to four ounces per diem, seem to exert a corrective influence on the secretions of the intestinal canal of the horse, and, operating slightly on the kidneys, effect a change in the whole system. Superpurgation may come on spontaneously, from very extreme debility, and prove fatal, but when resulting from gentle aperients this corrective will not fail to be beneficial, nor have I ever hesitated to take advantage of them from any fear of the consequences. This important little discovery which, among many other pharmaceutical hints of equal value, was never insisted on as such by Mr. Bracy Clark, would, in this epizootic alone, have saved thousands of horses to the public, had it been generally known and acted on.

To return to the treatment. It should all be of the most sedative and quiescent description. The most indispensable and first condition is to obtain a large, airy, loose box, which is not glaringly light, and is quiet in every respect; or, if the patient *must* be tied up, a proceeding which may be unavoidable when numbers fall ill at once, let him be fastened by a neck-strap, not by a headstall pressing behind the ears, on the base of the brain, which I am certain seriously aggravates the complaint. In some instances I have fixed a kind of cape of linen, or flannel, on the head, with holes cut for the ears, covering the os frontis, &c., and shading light from the eyes. This being lightly padded with some tow, or thin sponge, and a pailful of goulard-water, or vinegar and water, (a stingy bottle-full is worse than nothing), being placed at hand, the attendant has moistened this cape at short intervals, and, as I have thought, with decidedly good effect. Country air, also, is evidently much preferable to that of London, and many proprietors assert, that from simply bleeding, and turning their horses to grass, they have derived the best results; and, even although I know that some have died under this treatment, it may be more successful than empirical practice. I certainly have never lost a case with the advantage of pure country air, though often called in late; but there is a great objection to moving horses a long distance, when once attacked, —indeed, any exercise, even as much as across the yard, should be avoided if possible, as likely to produce a determination of blood to the head, which I have seen happen in several remarkable cases.

As regards excessive or continued bloodletting, it is manifestly improper in this disease. Patients sink, suddenly, into a comatose state, and die, very unexpectedly to all around them, under this practice; and, indeed, the state of the blood itself would seem to forbid it, that fluid being mostly found deficient in its natural proportion of albumen, and in its coagulable and adhesive properties. On this account many cases of inflamed vein have arisen after bleeding, the vein and orifice not closing, as usual, by the first intention.

In extreme cases I have sometimes found counter-irritation succeed, when hope had almost fled, viz., by blisters, applied both to the head and the abdomen; mustard sinapisms to the legs, setons behind the ears, and in the chest, have altogether been used; and occasionally water, nearly scalding, applied for a long time to the abdomen, has produced a beneficial change. The necessity for employing these severe remedies, however, seldom or never ought to occur, but, under the miserable mismanagement of stage-coach establishments, it frequently happens, especially with high-couraged, and therefore the best horses, that the first train of symptoms is wholly overlooked; the poor animal is driven another journey, and at once is plunged into the second or acute stage; it is then an arduous struggle between death and the treatment, however good that may be.

Occasionally I have known the complaint to affect the larynx and trachea (but not the lungs), and in these instances an excessive effusion of lymph may take place, rendering tracheotomy necessary. I have performed this operation with full success, and regard the metastatis to the air passages as rather a favourable circumstance, since, in my practice, it has appeared to obviate the more fatal change to inflammation of the intestines, and the patients have recovered with less prostration and debility. When the horse resumes his natural habits, though still weakly, and the amendment seems established, I give four ounces of *Genuine*

Barbadoes Naphtha, and a spicy stimulant ball, daily, for a week, with a generous diet and good grooming.

Since the preceding essay was penned, nearly three months ago, we have never been entirely free from this singular epizootic, but it has appeared here and there, attacking single horses, and sometimes whole stables, in the most capricious and unaccountable manner. The symptoms are, however, far milder, and fewer cases have proved fatal.

As usual, when a pestilential scourge passes away, and patients recover easily, we hear of much successful treatment, and some accounts of it have been published, the discrepancies in which are not a little remarkable. A notable discussion has, besides, taken place on the subject, at a Veterinary Association at the St. Pancras College, which left the matter very much in *statu quo*, furnishing, however, ample corroboration of the symptomatic facts which I have here advanced, but proceeding to no definite conclusion, either as to pathology or treatment. I have purposely withheld the publication of this paper, written when the complaint was at its height, lest the course of experience should condemn my conclusions, but I am now emboldened to lay it before the public eye. It is true that my subsequent cases have afforded no further pathological proofs of their correctness, but then this uniformity of success would scarcely have been attained, had not previous severe instruction established a feeling of certainty respecting the nature of the attack. I still am satisfied that this epizootic has been essentially an idiopathic fever in the horse, or a primary inflammation of the brain, with metastasis, usually to the mucous membrane of the intestines, and I could bring forward a variety of cases, carefully noted at the time, on which this opinion is founded. But I am aware of the impropriety of extending this already long paper.

Veterinary Infirmary, Giltspur-street,
Dec. 15th, 1836.

REVIEW

OF SOME OF THE PROMINENT NOVELTIES OF THE

NEW EDITION OF THE LONDON PHARMACOPŒIA;

With Specimens of the "great care, pains, and industry" with which the old Edition has been "revised, corrected, and reformed."

By Thomas Everitt, Esq., Lecturer on Chemistry at the Middlesex Hospital Medical School.

In the first place,—The measures have all new values; for in the old edition the wine gallon of 231 cubic inches of pure water was taken as a standard. This was divided into eight pints, the pint into sixteen fluid ounces, the ounce into eight drachms, and the drachm into sixty minims. In the present edition, the imperial gallon of 70,000 grains of distilled water, at 62°, is assumed as a standard: this is divided into eight pints; but the pint is now divided into *twenty ounces*, the further division as before. Hence,

Value in grains of pure water, at 62 degrees.

	OLD.	NEW.
Gallon (231 by 252.45)	58316	70000
f. Pint	7289.5	8750
f. Ounce	455.6	437.5
f. Drachm	56.95	54.7
Minim	56.95 / 60	54.7 / 60

The present gallon and pint are, therefore, about one-fifth larger than the old ones; and the present ounce, drachm, and minim about one-twenty-fifth smaller. I shall not attempt to argue for or against the necessity of this change, nor dilate on the possible results; the difference in the value of the ounce and drachm is so small, that it may, in most cases, be neglected, and the old measures used for the new.

One of the principal objects of the editors of a pharmacopœia ought certainly to be, to relieve the medical man from as much as possible of the mental drudgery of recollecting and calculating proportions. Might it not, therefore, have been well, when they felt compelled to alter the value of their measures, in order to make them agree with the imperial gallon, to have thrown overboard all arbitrary divisions of pint, ounce, drachm, &c., and have taken the grain, ten grain, 100 grain, 1000 grain measures of distilled water, at 62°? There still would have been aliquot parts of the imperial gallon. Then, by making all the fluid solutions contain a certain round per centage (a great number might have contained exactly the same) of the active principle, no calculation on the part of the medical man would have been necessary. But, by the present regulations, we have no unity of design; for some solutions are defined as containing so much for the fluid ounce or drachm; as, for instance, the arsenical solution half grain to the drachm; some as containing so much per cent., as the dilute hydrocyanic acid, which is to contain two per 100 of real acid, and the same of the other dilute acids, &c. Thus, when a medical man has to prescribe hydrocyanic acid, and wishes to come at the quantity of real acid he is exhibiting by measure, he must call to mind,

First, That the dilute acid contains 2/100.

Secondly, That the fluid drachm contains 54.7 grs.

Lastly, Make the mental calculation, as 100 : 2 :: 54.7 : x

Had they defined the fluid drachm to contain one grain of real acid, all this drudgery would be spared.

The next novelty is the "Notæ breves, ad res chemicas præcipuè spectantes, quibus quidque, sincerum sit, necne, quantum fieri potest, deprehendatur." These we conceive to be highly valuable, and had they been more extended and precise, and the formulæ in the body of the work entirely omitted, this part would have assumed a form which the present state of things demands. At a period when every druggist was presumed to *make* his *ounce* and *pound* of those chemicals, such formulæ were useful; but now that they are *manufactured* by *cwts.* and *tons*, it is quite useless giving processes which few will find either economical or convenient to follow. Here, again, we observe a want of unity of design; for why have we not a formula for preparing sulphuric acid? "Because (I suppose they would answer) any arrangement for making a small quantity would furnish it at a price ten or twenty fold dearer than as at present made." This sort of reasoning applies to all the formulæ, in kind,—to many, even in degree. Now, as all these matters (it is of course not intended to include mixtures, such as tinctures, plasters, &c., but only definite chemical products) can be so precisely defined, chemically and physically, as to enable any one to distinguish the body named from every other, and to detect the minutest trace of adventitious matter, and as by being manufactured on the large scale they are furnished at a minimum cost, why take the trouble of giving a formula when, perhaps, half a dozen others may be equally good, and it will depend entirely on the other objects of the manufacturer which is the most economical? Thus, A is a maker of carbonate of soda from salt; he gets hydrochloric acid at the same time. B is a maker of sulphate of magnesia from bitters; he also gets hydrochloric acid at the same time; and this acid, procured from distilling sulphuric acid with muriate of magnesia, is just as good as that obtained from salt by sulphuric acid, provided care be taken to have it pure.

The *third novelty* is the change of names; although this may be a source of slight annoyance to old practitioners, every teacher of chemistry and pharmacy will hail with joy this alteration, as he was constantly confusing his pupils by a confounding of the scientific chemical names with those used in pharmacy. This, therefore, will scarcely be a change to all those who have been educated within the last ten years; but will be relieving them from the necessity of recollecting the distinction between the two nomenclatures.

We will now give a few instances illustrative of the *great care with which the work has been executed.*

Amongst the *Notæ breves* we have the strength of the

Ammoniæ liquor, refined, 0.960, and of the

Ammoniæ liquor fortior, 0.882, "liquor hic ad normam liquoris ammoniæ redigi potest, cuique fluid unciæ adjectis fluid unciis tribus aquæ distillatæ."

In the body of the work we have no formula for making the fortior but for the liquor ammoniæ:—

"℞ *Ammoniæ hydrochloratis*, uncias decem
Calcis, uncias octo
Aquæ, octavios duos
"Calcem aquâ resolutam in retortam mitte, dein ammoniæ hydrochloratem in frustula contritam et reliquam aquam adjice. Distillent liquoris ammoniæ fluid unciæ quin decim."

Now, *liq. amonæ.* of .960 contain about 10 per 100 of amona., and *liq. amonæ.* of .882, 30 per 100 of amona. Hence a fluid ounce of .882 weighs (437.5 by .882) = 386 grains, and 100 : 30 :: 386 : 115.8 amona. 270.2 water; hence to reduce this to 10 per 100, or to .960, it will require 774 grains of water, or, in round number, 1 f℥ 6 f℥; at any rate, only 2 f℥ of water to 1 f℥ of the stronger, to reduce it to the weaker, and not *three*, as prescribed.

Touching the formula. Perhaps the worst of those in the old edition was that for preparing liquor ammoniæ; and in the present the alterations are merely to suit the new measures. Every 54 grains of hydrochlorate of ammonia contain 17 grs. of real ammonia. Hence 54 : 17 :: (10 oz. by 480) 4800 :: 1511 grs. ama. in 10 ounces; 15 f℥s at .960 weigh (15 by 437.5 by .96) = 6300 grains, which at 10 per 100 gives 630 grs. ama. obtained, and, consequently, wasted, 881, by the badness of the process. Total present in 10 oz., 1511.

What manufacturer will follow a process where the loss is more than one half? I always consider my operation bungled if the loss amounts to five per cent; and I proceed thus:—Hydrochlorate of ammonia, in coarse powder, 10 parts; lime, 8 parts. Put 4 parts of water on the lime, cover it over, and allow it to slake and cool; put both into a flask having a long neck, pour on 6 parts of water; through a cork which fits the mouth of the flask tightly, put a safety-tube, and a gas-conducting tube bent twice, at right angles, the first to be secured by lime and white-of-egg lute. Place the flask in a sand-bath, insert the free end of the bent tube to the bottom of a narrow-mouthed bottle, surrounded by cold water, or ice, if at hand. Put into the bottle, water, according to the strength of liquor amæ. required, for that of .960 about 30 parts; gradually increase the heat of the sand-bath so as to drive off the ammonia and some water; by the time that the 30 parts of water in the receiver bottle have increased to 35 parts, nearly all the ammonia will have passed over. By operating in this way the liquor

has no empyreumatic odour, and I have frequently, on noting the quantity and exact strength of the product, not lost more than 2 per cent., which has happened to me in two careful repetitions of this process, made since the new pharmacopœia came into my hands. If the liquid be required much stronger, it is better to have two receiving bottles, so arranged, that as that which escapes absorbtion in the first goes on to the second. By having the flask of such capacity that it could contain about three times the quantity operated on, and by its having a long neck, kept vertical, all risk of any of the lime salts spirting over is avoided, (much of the commercial liq. amonæ. contains chloride of colchicum, from this cause), and the product is quite pure. For very delicate chemical purposes an intermediate small bottle is useful, but for pharmaceutical use quite unnecessary.

Hence the 10 ounces of hydrochlorate of ammonia could, at any rate, make 30 fluid ounces at .960, in the room of 15. The great loss is occasioned, *first*, by not putting part of the water into the receiver at the commencement, as sufficient does not pass over when the mixture is first heated to condense the gas; and, *secondly*, by leaving so much water in the retort at the end.

I must confess that this is the worst specimen which a hasty glance has discovered, and that I have experienced great satisfaction at seeing many of the improvements; for having had to lecture for the last six years expressly on the pharmacopœia, at Mr. Grainger's Medical School, it has always been a disagreeable task to comment on many of the old formulæ, which were below all criticism, whereas in its present form it will be comparatively a pleasure to go over the same course.

I cannot refrain from stating, that it is a source of some disappointment to me, not being allowed by the College to make a translation, with comments, for my pupils, as four months of last summer, independently of previous investigations, have been closely devoted to experiments on these subjects. I have, however, the consolation to know that the announced work of Mr. Phillips will, so far as my pupils are concerned, render this circumstance unimportant.

There is a mis-print in the second formula for dilute hydrocyanic acid, which is not among the errata of the duodecimo edition, and as it is from a suggestion of my own I wish to point it out here:—The proportion of *cyanide of silver*, 9 *grs.*, *and dilute hydrocloric acid*, 9 *minims*, for an ounce of water, ought to be 48.5 *grs. of the cyanide*, *and* 39.5 *grs. of the strong hydrochloric acid*, to produce an acid of the defined strength, 2 per 100.

Laboratory, Middlesex Hospital,
27th Dec., 1836.

THE LANCET.

London, Saturday, January 7th, 1837.

Whenever a public writer undertakes to remove, by his labours, any flagrant, pernicious abuse, he ought, at the same time, to be firmly resolved to maintain an uniform, straight-forward course of conduct, even though he should thereby risk giving offence to some of his best friends. The chance of incurring such an evil has often deterred pseudo-reformers from fighting the battle of sound policy and justice. The thorough-going philanthropist, that is, the reformer who looks to general and not to partial good,—who would prefer the happiness and welfare of a nation to the prosperity of a single society, or a clan in that nation, encounters the chance of danger without apprehension, and even perceives, in the vituperation or personal annoyance he receives, proofs of the honesty of his purpose, and the success of his exertions. If the metal of the well-bred hunter were subjected to no severer trial than an occasional canter over the smooth green sward, the most cowardly and dronish hacks might soon be disposed to claim an equality of power and merit with steeds of the highest pedigree and value. Thus is it with reformers. All pretend to possess equal merit, until they have been called upon, or have actually endured, the trying and searching ordeal to which every sincere reformer is doomed to be subjected. If he *survive* his trials his reward is commensurate with all the anxieties, toils, and perplexities which he has undergone. The mock philanthropist may strut his hour upon the stage of life, receive, for a moment, the flitting smile of the unthinking, and then sink into the grave, to become rotten not before he is forgotten. Even the pleasure which such a creature experiences he feels to be insecure, and he is sensible that it has no solid foundation. His cowardice, or his dishonesty, or his

weakness of purpose, intimates to him that his falsity of heart is his worst enemy, that he must some day be stripped of his false plumes, and stand exposed before his deluded followers. On the other hand, that philanthropist who is determined to succeed in accomplishing his object, or perish in the attempt, regards, with equal indifference, the smiles of the treacherous, the approbation of the weak, the seductive offers of the corrupt, and the threats of the powerful. He is neither to be driven nor seduced from his determined purpose,—that purpose giving life and energy to every movement of his frame. He lives but to see it accomplished, and he views as the worst of all conceivable disasters, its failure or its discomfiture.

Amidst the trials and annoyances to which he is subjected, probably the most severe is that which arises from the offence which the performance, the honest performance, of his duty will sometimes give to his "best "friends," bringing with it a long train of reproaches and ungenerous insinuations. As to who are the "best friends" of that reformer who is called upon to take a leading part in promulgating new doctrines, and in working out important changes in social policy, much difference of opinion may fairly be allowed to exist. Some think that the "best friends" of such a reformer are they who pay him friendly visits in the hour of success and prosperity,—who are warm in their congratulations on the "success of a "trial," the escape from an "unjust prose-"cution,"—who, in a whisper, rejoice over the sharp dressing which a colleague received in "the last number," who hint, at the same time, where the raw lies, and how he may be made to smart again to the same tune, and who give some friendly indication as to where other friends may also be touched with "good effect." Such persons for a time are regarded by reformers as the "best "friends" of themselves and "the cause," when, lo! some circumstances occur which *ought to*, and *would*, if they were *sincere* and *honest*, call these men INTO PUBLIC ACTION; and then, when they are required to make even a *negative* exhibition of the feelings and sentiments which they have uttered so freely *in private*,—WHERE ARE THEY? Oh! the sickening, the cowardly wretches, are puling at home, huddled into back rooms and raised into garretts, leaving behind them messages for the secretaries and collectors of the Reform Associations, that "they are out of "town, and that it is quite uncertain when "they will return."

There is another trait in the character of these personages, which ought not to be left unnoticed. It is this:—If you ask them why they hold one doctrine in public, and defend another in private—if you enquire of them why it is that the schemes of reform which they advocate in one place they do not produce or support in another, their ready answer is this:—"They are afraid "that the majority of the profession is not "disposed to go *quite* so far," and they thus resort to the knavery or the folly of others, as a shield to cover their own dishonesty of purpose. In *private* they are always ready to profess what is right. In public they are ever eager to act wrongly, in order that others may not act rightly.

Such are some of the "best friends," as they are styled, of reformers, who are occasionally called upon to take the lead in upholding the interests of a good cause At one time WILLIAM LAWRENCE, the theologico-medical reformer, was a fine specimen of the "best friends" of medical reform. LAWRENCE, however, unhappily for himself, was outwitted, and was *made* to profess in public, at the *Freemason's Tavern*, in the spring of 1836, the opinions which he had so often expressed in private. On that occasion he was subjected to a trial which none but a *sincere* reformer could pass through with success. Having incautiously reached the ordeal furnace he was plunged into it against his will. He dreaded the consequences, and not, it appears, without reason. The finer particles of his composition, if it contained any, melted away, escaped unseen. Only the *dross* remained.

How opposite are the character and conduct of that man who advocates a good cause from purely honourable motives. The language of this "best friend" is uniform in *all* places. The sentiments which he expresses, and the tones of his voice, are not ever varying with the scenes in which he is placed. Disasters do not perplex him, and the perfidy of false friends induces him to increase his exertions for the benefit of the public, and the majority of the members of his profession. At all times sincere himself, he ever scorns the detected authors of treachery and deceit. As fear is ever the companion of evil-doers, so is confidence one of the invariable attributes of that mind which is resolutely bent on contributing towards the success of a virtuous cause.

When, therefore, we are informed that the conduct which we have thought it our duty to observe, has "given offence to some of "our best friends," we naturally feel inclined to ask to which class of "best "friends" the offended parties belong, whether, in fact, to the tribe of LAURENTIANS, or to their antipodes. As the reply in the one case may produce annoyance, so may the answer in the other be heard, in reality, with considerable satisfaction. Scarcely could we desire better evidence of the value or the integrity of our services in the cause of medical reform, than the annoyance which it produces amongst the corruptionists, and all their creatures and abettors.

There is yet another class of persons in the profession, who *are*, and yet who are *not* reformers; who, in fact, are anything-arians, and yet feel a marvellous liking for that *particular department* of the profession to which they happen to be attached. Amongst these also, are some of our "best "friends." Reform is "well enough" with this party, so long as it touches all but themselves. They feel no misgiving as to their sincerity in favour of an improved condition of the profession, but the fascination of the title of "doctor" sadly bewilders their judgment, and obscures their view. From one of this class, a physician, holding, indeed, the office of physician in one of our London Hospitals, a highly qualified practitioner, we were addressed, on Monday last, in the following language:—

To the Editor of THE LANCET.

DEAR SIR:—The course you are pursuing with regard to physicians is the subject of general conversation, and, I may add, of *complaint*, among some of your best friends. I think you are inflicting an injury on one part of the profession, without conferring an equal advantage on the other. Some of the physicians are most able and scientific practitioners,—a fact, I should think, which does not admit of a denial. Might I inquire if it would not be better to write up general practitioners to the level of physicians than to write down physicians to the level of general practitioners? An examination of this question may be useful. I am, yours truly,

——— — ———.

London, Jan. 2, 1837.

With the class of practitioners of which the writer of this note forms one, there is some difficulty in contending; because although we are bound to respect the honesty of the gentlemen who compose it, we are compelled to implore their want of information with regard to the general state of the profession. "Don't write the physicians "down, but write the general practitioners "up to the level of the physicians." This is precisely the language which is held by the dubs of St. Andrew and Aberdeen, of Erlangen and Padua. Yes, "write UP the "the general practitioner." This is the language which is held by nine-tenths of the physicians in the British Dominions. "Don't write DOWN the physician. Adopt "any measure short of that." Of course we do not desire to disguise the fact, that from the first moment that this journal was started, we declared it to be our purpose to uphold the interests of the general practitioner. True, our education and early habits alike inclined us to support the cause of that branch of the profession to which we belonged; but we did not rush inconsiderately into the contest, or resolve to uphold an unjust cause. Having investigated the ques-

tions of medical education, practice, and government, it became obvious, probably to our dull apprehension, that general practitioners were in all respects the victims of misgovernment, with regard to our colleges, and the objects of improper arrangements with reference to the degrees of station which are usually held in society. As we believed that the general practitioner was equal in respectability of character to the physician,—as we believed that his general attainments were not less, and that his medical acquirements were infinitely superior to those of the physician, we stood forward, fearlessly, as the advocates of his cause. If he had not wanted such an advocate, our labours might long since have ceased. The injuries, however, to which the general practitioner has long been, and still is, subjected, are not the inflictions of fancy, but of a tormenting, solid reality. Strenuously have they been discussed, and, thanks to the press, widely are they known. Probably the hour of redemption is near at hand. But we would ask how our friend the physician, whose language we have just quoted, whether he does not labour under some delusion when he would recommend that we should write UP general practitioners to the level of the holders of steam and cash-made degrees. We can inform our friend that the inferior position which the general practitioner has been made to occupy, is not the result of *inferiority of attainments*, as compared with that of the physicians, but from the importance which has been attached to a virtually worthless title. General practitioners are excluded from the offices in our colleges, as well as from the offices of physician and surgeon *in the whole of our public* hospitals. In the colleges they are singled out for insult. In the hospitals they are stigmatised as the fit objects of contempt and scorn,—not, observe, because they are destitute of *professional* talent, but because they are of opinion that it is best for the interests of their patients that the medicine which a practitioner may prescribe for the cure of disease, should be prepared and furnished to the patient under the immediate supervision of the prescriber. Hence the attacks and reproaches of physicians! That it is the title of "doctor," and not the talent of the possessor of that title, which puffs into exaltation and false importance the individual who enjoys it, is sufficiently proved by the fact, that nineteen-twentieths of the physicians of our public hospitals would never have acquired their offices, had they not been "doctors," although the governors of those hospitals by whom they were selected, know as little of the real value of that title, as they do of the capabilities of the institutions in which it is either embraced or abandoned. In advocating the cause of the general practitioners of this kingdom it has not been our desire to inflict undeserved injury on the physicians of this kingdom. At the same time we are bound to observe, that the graduates of medicine in this country occupy an unnatural position, and one which their *talents* will not enable them to sustain. Where there is an equality of ability there ought to be equality of title and privilege; and, in a profession like that of medicine, ignorance and impurity of moral character should be the *only* grounds of exclusion from the highest medical offices in the state.

Entertaining this view of the principles on which a system of medical government should be founded and directed, we have, for a long time past, endeavoured to prove the necessity of establishing a tripartite faculty of medicine in the three great national divisions of this monarchy; and if physicians feel confidence in the value of their titles, they cannot object to the formation of an institution wherein the *attainments* of the candidate will never be overshadowed by the capriciousness of an examiner, and where, when a title is once conferred, it will be recognized by the public as a passport to honour, fame, and emolument.

THE Provisional Council of the BRITISH MEDICAL ASSOCIATION have announced a

public meeting of the profession, to be held at Exeter Hall, Strand. We have been favoured with a copy of the "Laws and Regulations of the Association," and shall enter into a consideration of them in the next LANCET.

We cannot allow this opportunity to pass without expressing our admiration of one of the provisions relative to the qualifications of the Councillors of the Association. All the Councillors shall be, or shall have been, general practitioners. Alas! Where are the FORBES's, the WICKHAM's, the JOHNSTONE's, the CONOLLY's, to receive due "homage" from the "subordinates?"

The following notice, issued at Edinburgh, is another base contrivance on the part of the medical corruptionists in that city, to make the student waste his time as well as his money, as every body knows that nine-tenths of the attendance on courses of lectures are only a source of useless annoyance, and an idle expenditure of precious time which ought to be spent in the wards of the hospital, the dissecting-room, the laboratory, or the closet.

"NOTICE TO LECTURERS AND STUDENTS.

"The *Royal College of Surgeons of Edinburgh* have this day enacted,—

"I. That every private lecturer at this school of medicine, whose lectures are recognized by the College, shall ascertain, at least 20 times in a 6 months' course, and 10 times in a 3 months' course, the actual attendance given by his pupils.

"II. That he shall do this by calling the name of each pupil at least once a-week, causing him *to stand up when answering to his name*, and entering in a regular roll-book the presence or absence of each individual,—the students, of course, being kept in ignorance of the particular day on which this is to be done.

"III. That the said roll-book shall be kept according to a form prescribed by the College, and be at all times accessible to the President and Treasurer of the College, who shall examine it at least once during every session.

"IV. That, at the end of every session, each private lecturer at this school of medicine shall transmit to the President of this College a list of the pupils who, during that session, have attended his lectures, and specify the number of times each has been present when the roll was called.

"V. That, in granting certificates of attendance, the private lecturers shall use the annexed form, filling up the blanks with words at length, and on no account employing figures: [The form certifies the attendance of the pupil, that the roll was called so many times, and that the pupil was present on so many of those occasions.]

"VI. That, when a student's certificate of attendance bears that he has been more than 4 times absent when the roll was called, the president shall intimate this at the foot of that student's letter to the examinators, specifying the branch, or branches, on which the defective attendance has been given, in order that he may be particularly examined upon them. But if a student's certificate bears that he has been absent more than 8 times when the roll was called, he shall not be admitted to examination at all, until he has attended another course of lectures on every such department of study. These numbers refer to 6 months' courses, and one half of the same numbers to regulate the procedure as to 3 months' courses.

"VII. That when a student's absence has been occasioned *by sickness*, or any other unavoidable cause, such cause shall be stated in the certificate, by the lecturer; and also in the periodical return to the president, in order that the council may decide whether the student shall, or not, be required to attend *another course* of such lectures before examination.

"GEO. BALLINGALL, President.
"Surgeons'-Hall, Edinburgh,
"Nov. 29, 1836."

Researches into the Physical History of Mankind. By J. C. PRICHARD, M.D., &c. &c.

A BRIEF, but adequate, analysis of this work will be interesting to medical readers. Dr. Prichard professes to enquire into the nature of those varieties in complexion, form, and habit, which distinguish the several races of man; in other words, to enquire "whether all the races of men scattered over the surface of the earth, distinguished as they are from each other in structure of body, in features, and in colour, and differing in languages and in manners, are the offspring of *a single stock*, or have descended respectively from *several original families*." Such disquisitions obviously tend to enlarge our views and extend our knowledge in many particulars which the sudden and varied emergencies of practice may require us to have studied. This work presents us with a well-digested mass of

physical, psychological, and geographical information, collected from the authentic narratives of the most distinguished travellers; and at the same time we may add, that the most scrupulous believer in the doctrines of "revelation" will not find one expression which is calculated in the slightest degree to wound his religious feelings. All speculations regarding the foundation of religious credence and obligation have been carefully avoided by the author.

The hypothesis, that every region of the world had originally its "autochthones," or its indigenous inhabitants, affords the easiest solution of the question under consideration; it will at once account for all existing varieties in natural figure and complexion, whilst certain facts connected with the history of languages present serious difficulties if it be maintained that all families, and every dialect, are derived from common origins. For how shall we account for the origin of so many distinct forms of human speech as have existed, on the hypothesis that all men have descended from one family? The adoption of the hypothesis of separate and distinct originals, will also save us the trouble of accounting for the origin of moral and intellectual diversities, or for the differences in manners and habits which have been thought to characterise particular races. In support of the opposite opinion an argument has been advanced which many have thought to be conclusive as to the entire question, and one which has been considered to render further investigation superfluous. That argument is derived from the Scriptures, which attribute one origin to the whole human race.

Our author expresses himself as reluctant to adopt the opinion of those who think that the Old Testament comprises the history of only one particular family of men, and that other tribes may have been created, on whose origin it is silent. Its writers themselves evidently contemplated the Scriptures as containing a record of dispensations of the Almighty to *all mankind*, and, consequently, as comprising the early history of the *entire human family*. He remarks that there are many matters treated in Holy Writ, with respect to which the only rational enquiry is what, in fact, the Scriptures contain concerning them. These are matters which exceed the powers of unassisted reason, such, for instance, as the nature and existence of invisible agents, a future state, the relations of man with his Creator. On such matters direct relation can alone supply knowledge. But on subjects open to the ordinary modes of investigation, such, for instance, as historical testimony, the most ardent Christians do not accord in opinion.

Dr. Prichard, finding it impossible to obtain satisfactory evidence on the subject of his enquiry from historical testimony, or from arguments founded on probabilities, seeks it through the medium of natural history, and by considering a variety of particulars connected with living animals. The subject thus becomes resolved into two problems:—1st. Whether all organized beings of each particular species can be referred respectively to a common parentage. 2ndly. Whether all the races of man are of one species. Premising so much, he discusses, first, the "Origin and Dispersion of organized Beings;" and in Chapter I, he modifies his mode of stating the subject of enquiry, in order to include all organized beings, both animal and vegetable. His enquiry now is, "whether, throughout the organized world, including both of its great departments, it has been the method of Nature to produce at first only *one* family in each particular species, or to call beings of the same specific structure into existence *simultaneously*, from *different beginnings*, and to diffuse them over the world from many distinct centres or original points."

Linnæus thought that in every species of plant, as well as of animal, only one pair was originally produced. This opinion he endeavoured to support by adducing the tendency to multiply which is observable in every family of human or brute creatures, together with the fact, that the progeny naturally becomes more numerous at every successive generation. He then shows that Nature has provided such means of multiplication and dispersion as seem only requisite on the hypothesis which he has adopted. However plausible this argument, it is too speculative for admission. There is no way, Dr. Prichard remarks, of investigating particular species, and throwing light on the present enquiry, but that of collecting the facts which relate to the multiplication and dispersion of each tribe, and tracing the distribution of genera and species over different

parts of the earth. He accordingly sets about the enquiry, under separate heads, as it relates to the different orders of beings, and commences with the "Dispersion of Plants, and the primary Habitations of Individual Species." On this subject but three probable conjectures can be offered. The *first* is, that all species of plants had their primary seat in one particular region, whence they were subsequently spread into the countries which now possess them. *Secondly*, that every distinct tribe in the vegetable creation originated from one particular centre, but that the primary habitations of different species were in different regions of the earth. *Thirdly*, that the species of plants are universally diffused wherever climate and soil are congenial to their propagation. Dr. Prichard discards the first and third hypotheses, and expresses his conviction that the phenomena connected with the distribution of plants are only reconcileable with one hypothesis, namely, that the vegetable creation was originally divided into a limited number of provinces, each country having its own peculiar tribes, which at first did not exist elsewhere.

The *Dispersion of Animals* is next debated, and, after citing many facts on this subject, the inference is drawn,—that the various tribes of organized beings were originally placed by the Creator in certain regions, for which they were, by organization, peculiarly adapted. Each species had only one beginning in a single stock. Probably a single pair, as Linnæus supposed, was first called into being in some particular spot, the progeny being then left to dispose themselves as widely from the original centre as their locomotive powers, or their capability of bearing changes of climate, &c., enabled them to wander.

In order to obviate objections that this conclusion respecting different centres of creation is at variance with the record of an universal deluge, Dr. Prichard makes a few remarks, the substance of which appears to be this:—He admits the difficulty of reconciling with known facts the opinion of Linnæus and Pennant, that all the tribes of tellurian animals now existing have descended from a stock preserved in the Ark of Noah, but contends that the difficulty is not at all increased by the conclusion to which he is led by his researches into the distribution of organized beings. If it be necessary to suppose that creatures of all living tribes were assembled from different climates into Noah's Ark, supernatural agency must be alleged as the means of thus collecting them, and the difficulty attending the supposition is not materially enhanced by his view of the dispersion of tribes.

In answer to the enquiry, whence and where originated, or where were preserved, the races of wild animals now existing in distant regions, the two following suppositions present themselves, from which a selection may be made:—

1st. That the "universa terra," or the whole earth, which was submerged, was only the habitable world, the region inhabited by mankind.

2nd. That the whole earth was submerged, and that on the subsidence of the waters a new creation of beings took place, suited to the climate of every region, and that, among these new races, mankind and the tribes which had been their contemporaries and companions, spread themselves in later ages. This view has been objected to as assuming a fact which is not mentioned in Scriptural history, namely, a partial creation posterior to the Noachian deluge. The answer of its supporters is, that the Scriptures do not contain an account of all that it pleased God to effect in creation.

We shall not enlarge on this curious subject. Those medical readers who wish to share in the extensive and deeply interesting researches which naturalists, and especially zoologists and geologists, have lately begun to agitate, relating to the history of living beings and their planatory habitation, will find in Dr. Prichard's work a useful and apposite text-book for their enquiries. Our analysis of its contents has supplied them with a sufficient index to its topics.

A Medical Vocabulary, or Explanation of all Names, Synonymes, Terms, and Phrases, used in Medicine, Surgery, and the relative Branches of Medical Science; giving the correct Derivation, and Directions for the proper Pronunciation of each; intended chiefly as a Book of Reference for the Student, but also adapted to general Use. By A Medical Practitioner. Edinburgh, Carfrae. London, Longman & Co. Dublin, Hodges. 1836. 12mo. pp. 185.

The title of this little book expresses almost as much as we need to say in noticing

the contents. The author says that he undertook its compilation from personal experience of the want of such a means of reference during his attendance on lectures. Pre-existing medical vocabularies had proved needlessly diffuse in elucidation, and replete with obsolete terms and fanciful synonymes, which enlarged their bulk and cost without increasing their utility. These objections he has here successfully sought to obviate. The book will afford to learners a reasonable means of discovering the general meaning of words which may yet be new to them, and to practitioners it will supply the means of tracing out the recollection of terms which, from accidental causes, may have been lost to the memory. In these respects the labours of the author have been judiciously and profitably directed. Although reputed short cuts to knowledge cannot be discovered, yet non-professional readers of the medical periodicals, which present many attractions for the public appetite for information, will find this little book acceptable and useful to them in perusing lectures and essays on physiology and the therapeutic art.

STONE IN THE BLADDER IN SEAMEN.

To the Editor of THE LANCET.

SIR:—As your reporter from the *Medico-Chirurgical Society* has, by substituting one single letter for another (unintentionally, no doubt) entirely altered the import of my observations at the said Society, and thus drawn on me most unmerited censures, I request the means of correcting the misapprehension, and repelling the accusations.

I did not say that men known to have stone in the bladder were invalided at Naval Hospitals, and *sent* to Civil Hospitals to be operated on. I offered it merely as my own opinion, which I could not substantiate by positive proofs, that, in the course of the long late wars, men might have been invalided from the service, when known to be labouring under calculus, and afterwards that they *went* (not that they were *sent*) to Civil Hospitals for the operation. This is still my firm conviction, and it offers no insult to Naval Hospital Surgeons, as I shall immediately show. A man is taken before an invaliding Board, abroad or at home, and the surgeon of the ship states that he has a stone in his bladder. What is the Board to do? The chairman may say,—"You had better, my man, go into the Naval Hospital, and be cut for the stone." What would be the sailor's reply? Every man, who had spent a single year in the navy, and wh knew the deadly antipathy which seame bore to the service—the persevering effort which they made to get discharged—and th ingenious, often painful, means which they frequently employed to injure their health and counterfeit maladies—would instantly anticipate the answer of the seaman to the Board. He would commune with himself thus:—"If I go into the Naval Hospital, and survive the operation, I shall be sent back to my ship." His answer would be—"Gentlemen, I cannot make up my mind to such a terrible operation; I had rather bear the tortures of stone than those of the knife." Would the presiding officer say—"I command you, sir, to be lithotomised?" No; he would not. And would a Board send this man back to his duty, with a stone in his bladder? They would invalide him, and he would, in all probability, go ultimately to a Civil Hospital. In all this, is there any insult offered to the Naval Hospital Surgeon? But were it hinted that a Naval Surgeon might possibly shun rather than court the operation of lithotomy, of which he could have no practical experience, and which is an operation almost *sui generis*, where the eye cannot direct the point of the knife, and where years of familiarity with the operation, as an *assistant* lithotomist, are necessary to facility and success,—would that be any reflection on his skill or humanity? I may not have had the natural ability, or the professional acquirements, of Mr. Copland Hutchison, but I had a monitor in my breast which would not have permitted me to subject a fellow-creature to the knife of an unpractised lithotomist, conscious that I would not, myself, submit to it under similar circumstances. In this last respect I am not singular. Two naval surgeons,—Sir Valentine Duke and Mr. Evan Edwards (one of them an hospital surgeon)—were cut for the stone. Where? By Sir S. Hamick, at Plymouth?—No. By Mr. Vance, (a most expert operator in general,) at Haslar?—No. Did they go to Deal Hospital, in order that Mr. C. Hutchison might flesh his maiden gorget in their bladders?—No. They went to men who had been brought up (as it were) in hospitals—who had been, for years, in the *habit* of assisting in lithotomy cases—who had been in the *habit* of dissecting and demonstrating the parts concerned in lithotomy, and showing the operation on the dead body to pupils—and who, after all this discipline, were in the *habit* of operating on the living body. Could these two surgeons, with any conscience, urge a poor seaman to submit to an unpractised hand, when they, themselves, declined to be cut by the ablest surgeons in our great Naval Hospitals?

Lithotomy is an art which cannot be learnt by inspiration, and, according to Mr. Hutchison's own showing, there could be

no other way for the Naval Surgeon to acquire it, seeing that few or no calculi grew in the Navy.

A word or two as to the comparative infrequency of stone amongst seamen. It was stated, by the President of the Society, and confirmed by others, that five-sixths of the subjects of lithotomy in *St. Bartholomew's Hospital* were under the age of 12 years, or above the age of 45 or 50 years. As few or no boys enter the Navy under 12, and but few men remain there after 45 or 50, the *comparative infrequency* is a creature of the imagination. Soldiers, or peasants, between the above ages, would be found to present the same infrequency of calculus. Many men, however, have calculi in their bladder for years, without being aware of their condition; and therefore many men may have been invalided from both services who had renal calculi in their bladders, which afterwards grew to stones of formidable size, and demanding an operation. I was present at an operation for stone in Haslar Hospital, soon after the termination of the war; the subject was a gunner of one of the ships in ordinary, at Portsmouth. Had this man, when before the mast, and in war time, been presented for survey, he would have been invalided, for he would have objected to the operation at a Naval Hospital, for reasons already stated; and afterwards, in all probability, he would have submitted to the knife at a Civil Hospital. I am, Sir, your obedient servant,

JAMES JOHNSON.

Suffolk-place, 2nd Jan., 1837.

PRECOCITY OF THE MAMMÆ IN AN INFANT.

To the Editor of THE LANCET.

SIR:—The following case, from the rarity of its occurrence, seems to me to possess some degree of interest. I therefore send you the statement for insertion in your valuable Journal.

Betty Marsden was delivered of a female child in the Preston workhouse, on the evening of the 6th of December, 1836. The labour was speedily terminated, in fact, before any medical man could arrive at the spot; and she rapidly recovered from her accouchement, without experiencing any untoward symptom. About one week after the birth of the child, she perceived some enlargement of its breasts, and asked my opinion as to what she should do with them. I advised her to leave them alone, but especially not to finger them unnecessarily. After the lapse of another week they were still further developed, but unaccompanied by any preternatural heat, swelling, or redness, or, indeed, any other symptom indicating inflammatory action. They now seem stationary, and the child in every respect healthy, although not above the ordinary weight or size of an infant of the same age. I am, Sir, yours, &c.

W. HOWITT, M.R.C.S. and
One of the Surgeons of the Preston Dispensary.

Preston, Dec. 25, 1836.

POSITION OF THE PATIENT IN THE CURE OF VESICO-VAGINAL FISTULA.

To the Editor of THE LANCET.

SIR:—In THE LANCET of last Saturday, I observe a letter from a very juvenile member of our college, in reference to my case of fistula vesico-vaginalis,—stating that Dr. Ryan had anticipated me in regard to the position of the patient. I saw Dr. Ryan's Manual of Midwifery (1828) yesterday, at the library of the College, and find that his words, page 53, are as follows:—"The proper treatment of this disease, so far as the plug is concerned, was unknown ten years ago." Dr. Ryan is not the inventor of the tampon, or plug, nor does he say so; nor does he mention the position of the patient; neither (supposing he did) do I know of one single instance of a cure from the treatment similar to the case of Connor, substantiated by more evidence of unimpeachable authority than the mere assertion of the operator. Moreover, I have (among other matters unpublished) in this case, three letters in my possession, written by the woman Connor, stating that she went to Dr. Ryan, near Hatton-garden, who *examined her three times*, and finally told her, that "he could do her no good." I console myself with having *gratuitously* assisted and benefitted a poor helpless woman; and what should add a stimulus to young aspirants, "exemplum didi, quamobrem ut feci quoque faciant." I am, Sir, your obedient servant,

WILLIAM BAXTER.

1, Queen Charlotte-row, New-road,
December 30, 1835.

EDINBURGH INFIRMARY.

To the Editor of THE LANCET.

SIR:—Our winter session has commenced. The number of students does not appear to be diminished. At the Infirmary an amputation was got up to astonish the young folks, which eventually astonished the old ones. The operation was commenced by making a flap of *integument alone*, on the outer side of the limb; a second, a muscular one, was made internally, and a third, a square one, posteriorly. The bone was sawn *horizontally*, and, in consequence, snapped in the middle. *The femoral vein* was tied. The disease was stated to be "anchy-

losis of the knee-joint, with slight superficial sinuses," and it was announced that the limb was amputated more at the urgent request of the patient than on account of the severity of the disease. Upon examination of the limb after the operation there proved to be *no anchylosis at all*, and the *slight superficial sinuses* communicated with the knee-joint, which was pretty extensively diseased. So much for the students' first lesson in diagnosis and amputation. This same week a man was admitted with dislocation of the humerus, into the axilla, which had existed during nearly three weeks. The day after his admission a surgeon (!) attempted to reduce it, *and failed*. The students were informed that the operator had HEARD of luxations of longer standing being reduced. Is this the same surgeon who failed last year in a similar case of four weeks' duration, and who, on that occasion, said he did not believe that they were ever reduced after four weeks' delay? The last year's case was kept in the hospital until a false joint had time to form. I presume that this man will be incarcerated for a similar period. Is this the northern surgical Leviathan, the crack lithotomist, the exciser of joints, the founder of a "maison de santé," the publisher of "Reports" (with half the facts omitted)?

Sir Charles Bell delivered his introductory lecture to a crowded audience, who thought him very egotistical. I hear he is receiving plenty of fees, whether attendance on his class be voluntary or compulsory. I am, Sir, your obedient servant,

STUDENS SCOTUS.

Edinburgh, Nov. 11th, 1836.

*** This note has been mislaid. It was marked for insertion long since.—ED. L.

THE REVILER OF MEDICAL STUDENTS.

To the Editor of THE LANCET.

SIR:—I beg to ask Mr. Sims if he be a *volunteer* in *his* explanation why THE LANCET is denied to the pupils of this school? Also, whether he thinks that when THE LANCET is restored, the pupils will pay the "covers" more respect, *in consequence* of the temporary withdrawal? *If* Mr. Sims *believes* the tale he told to you last week, he is a simpler body than we here take him for. I repeat my former statement, that it is to spare Cummin that THE LANCET is discontinued. His falsehood, inconsistency, and shuffling, are openly talked of amongst the pupils, upon whose esteem he has no hold. They despise cowardice, and are not a little resentful for the continued insults heaped upon the character of medical students in his journal. I ought to tell you that it is to be attempted to get up an address to him after the Holidays, but it will fail this time. Yours, &c.

J. P.

MEDICAL WITNESSES ACT.

To the Editor of THE LANCET.

SIR:—In answer to your inquiries respecting the payment of the fees accorded to medical witnesses under the new Act, I take leave to forward to you the enclosed letters, which I have received within the last day or two from the coroners for this county. Some unavoidable delay has taken place in their answering my notes to them on this subject, in consequence of their both having had of late a heavy pressure of official business on their hands,—this being the gloomy season, when, as Gil Blas would say, the people of England hang and drown themselves.

These, with the previous testimonies you have published in THE LANCET, in contradiction to the misstatements which have been promulgated by the organ of the medical Tories, ycleped the "Yellow Fungus," will, it is to be hoped, be sufficient to disabuse the public mind in the matter referred to, and to induce the editors of that publication, if they possess a single spark of manly and honourable feeling, to make a full and unqualified retraction of such misstatements.

I remain, dear Sir, yours very faithfully,

WILLIAM TUCKER, Surgeon.

Market Lavington, Wiltshire, Jan. 1, 1837.

"*From* Mr. WHITMARSH, *Coroner*.

"Devizes, Dec. 30, 1836.

"SIR:—I was from home when your letter arrived, or I would have answered it immediately. I always give the warrant, according to the Medical Witnesses Act, whenever a surgeon attends an inquest, and, indeed, the auditor demands it before any fee is paid. I have not found any opposition or difficulty whatever to the payment of your fees since the Act has been in operation. I am now going from home immediately, and am sorry to have written so hastily, but from the contents of yours, I thought you wished an early reply. If you wish any further communication, I shall be happy to give you what assistance lies in my power to obtain it. I remain, Sir, yours very obediently,

"W. P. WHITMARSH."

"To W. Tucker, Esq., Surgeon, Market Lavington."

"Bradford, Wilts, Dec. 22, 1836.

"MY DEAR SIR:—I should have replied to your letter long before, but I have been absent from home for four or five days since I received it. All the orders which I have given to the different overseers of parishes for the payment of the fees to surgeons for attending inquisitions have been paid, without hesitation or delay. I am, yours very truly,

"WILLIAM ADYE."

"To Wm. Tucker, Esq., &c., &c."

LONDON MEDICAL SOCIETY.

Monday, Dec. 12, 1836.

Mr. CLIFTON, President.

TREATMENT OF HYDROCELE BY ACUPUNCTURE.

Mr. ECCLES said, that in consequence of a statement which appeared some time since in THE LANCET, that a case of hydrocele had been cured by acupuncture, instead of tapping, he had been induced to try the plan in two cases. The first case was that of a man who applied to him for the first time; on examination in the usual manner he felt satisfied that the case was one of hydrocele, and he introduced the needle by the rotatory motion. He did not see the patient again until three days had expired, when he presented himself with his scrotum of the natural size, the disease having entirely disappeared. On Saturday week last, Mr. Eccles had a second opportunity of trying the plan; in this instance the patient was about sixty years of age, and had suffered from hydrocele for 5 or 6 years. Mr. E. had tapped him on several occasions, and removed six or eight ounces of fluid. The patient complained that the introduction of the needle caused more pain than the use of the trochar and canula. The patient did not present himself again for a week, but on Saturday last he called on Mr. Eccles, and the entire quantity of fluid, amounting to eight ounces, had disappeared. There was not the least sign of moisture after the removal of the needle (which was only introduced *once* in each case), nor during the progress of the cure, according to the statements of the patient, nor did there appear to have been any inflammation, the only pain and inconvenience being during the operation. He had one or two other cases in which he intended to try this treatment, and the result should be communicated to the Society. There had not been time in either of the above cases to ascertain whether a radical cure had been effected.

Mr. KINGDON.—The plan is not entirely a new one. I was called many years since to a case in which a German physician had incautiously introduced the acupuncture needle, and stuck it into the testicle; the needle broke, and a portion of it was left behind: this I removed, and the patient was cured of his hydrocele. In this case a good deal of inflammation took place. The physician in question had practised the plan of acupuncture for a long period. I tried it afterwards in several cases, at first with success, but in after cases it did no good.

The early part of the evening was occupied in the discussion of Mr. Stable's case, mentioned at page 413, and on the virtues of vaccination.

Mr. STABLE said, that the pock had not come to maturity until the 6th instead of the 5th day, as he had stated, and had then become much larger; the children had all gone on well. A long discussion followed, but all agreed on the modifying influence which inoculation for the cow-pock exerts over variola.

LONDON UNIVERSITY MEDICAL SOCIETY.

Friday, December 2*nd*, 1836.

Mr. ELLIS, President.

REMOVAL OF THE CYST IN OVARIAN DROPSY.

Mr. JEFFERSON, Jun., related a case in which his father had cured ovarian dropsy by the removal of the cyst. Some time since, on opening the body of a woman who had died with an ovarian dropsy, he was struck with the facility with which he could remove the cyst that enveloped the fluid, and thought if this operation could be performed on the living subject it might be the means of curing the disease. Soon after he met with a case in a woman between 30 and 40 years of age, the mother of a family. The operation was proposed, and consented to. An incision an inch in length was made below the umbilicus, cutting into the cyst, the edges of which were grasped by a forceps as the fluid escaped, and the whole cyst, containing fourteen pints of water, was thus gradually removed. After this a second and smaller cyst was discovered, punctured, and removed in the same manner. The edges of the external wound were then brought together by suture, and the woman rapidly recovered. The operation was performed in the presence of a neighbouring practitioner, who, shortly after having a case of the kind, performed the same operation with success.

Mr. HUSBAND.—The operation is inapplicable in cases where adhesions have formed, and almost all present this complication. The danger, too, of peritonitis must be great. He should try tapping as a means of cure before performing the operation.

Mr. GEORGE should consider himself justified in having recourse to this operation, should a case fall under his care. The dangers of it had been overcome in these instances. It promised a remedy to an incurable disease.

Mr. MOORE.—Iodine I have known to cure ovarian dropsy, but many cases are not benefitted by its employment.

Mr. ELLIS.—The operation is one of great importance, but in cases where the cysts are numerous I fear that it would be as ineffectual as tapping.

Mr. LANKESTER.—As ovarian dropsy is

now considered incurable, some hazard might justifiably be run in its treatment. The principal objections appear to be,—First, The existence of adhesions; these would probably not exist in an early stage, so that an early operation would prevent their interference. Secondly, The existence of numerous cysts. This appears to be a formidable objection, but as in all cases there are not numerous cysts, and as the larger ones might be removed, the operation ought still to be resorted to. Thirdly, The danger of peritoneal inflammation. This is, probably, not so great as in the operation for strangulated hernia, and could not form any valid objection to the operation.

WESTMINSTER MEDICAL SOCIETY.

Saturday, Dec. 10th, 1836.

Mr. Richard Quain, President.

Hydatids.

The early part of the evening was occupied chiefly with discussing the cause of the morbid effects produced by dead hydatids, in the organs in which they are found.

Dr. Addison considered the effects were to be accounted for on the ground, that when the hydatid had lost its vitality, it became altered in its relations to the surrounding living parts, and acted as a foreign body.

Dr. A. T. Thomson was inclined to think that the effects rather depended on some chemical decomposition which the hydatid undergoes when dead.

After some remarks by Dr. Williams, Dr. Thomson inquired whether any experiments had been instituted to ascertain the chemical composition of the hydatid.

Mr. Josh. Toynbee said that he had made some researches into the subject, which tended to prove that albumen did not exist in the simple hydatid as had been supposed.

Mr. Thurnham related a case in which a large cyst was found in the liver containing dead hydatids, the presence of which was indicated by no symptom during life.

Specimens of morbid bone.

Mr. Josh. Toynbee introduced three skulls presenting remarkable morbid developments. The *first specimen* had come directly from the dissecting-room, and only the following imperfect history could be obtained of the case:—It was the skull of a youth of 17 years of age, and it was stated that he had died of psoas abscess—a very large one was found to exist on the right side The head was dissected rather minutely, but the peculiar disease of the bones was not detected until after they had been macerated, and the occipito-frontalis and pericranium removed. The parietal eminences presented a beautiful interlacement of sulci and canals, occupying the substance and the superficies of the bone, to the extent of four or five inches in circumference. The inner surface of the bone was nearly normal, being only rather more than usually vascular. A peculiar stellated appearance was observed on the frontal bone, supposed to be the rudiments of a similar affection. The other portions of the skull were only remarkable for appearances indicating great vascularity. The *second specimen* was the skull of a man aged 22, short, stout, plethoric, and with a thick neck, who had died of apoplexy; the vertebral artery was found in this instance to arise from the arch of the aorta. The morbid appearance observed in this specimen was an extension of the lateral process of the occipital bone on the right side, to nearly an inch, presenting, on its anterior part, an articulating surface, corresponding with one on the transverse process of the atlas. The *third specimen* was the hydrocephalic cranium of a child, in which the first teeth were present. In this specimen the different portions of the occipital bone remained separated, and separated from the spheniod; at the same time anchylosis existed between the frontal, parietal, temporal, and occipital bones, making them, in fact, one bone. The skull was obtained from the hospital of Salpêtrière. Regarding the first specimen

Dr. A. T. Thomson said, that in his *Atlas of Skin Diseases*, an engraving would be found shewing the effect of an aneurysm by anastamosis on the bones of the skull.

Mr. Costello.—Lallemand amputated a thigh in consequence of a most severe pain the patient suffered about the joint. An aneurysm by anastamosis was found to exist in the substance of the inferior part of the femur.

Mr. Toynbee.—The two cases just named differ from mine, inasmuch as in both the presence of disease was indicated by symptoms during life. Their pathology was also different.

Mr. Quain.—It is to be regretted that a more perfect history of Mr. Toynbee's case could not be procured.

NORTH LONDON HOSPITAL.

Severe hæmoptysis.—Acetate of lead.

James Hitchinson, aged 26, was admitted Sept. 24, under the care of Dr. A. T. Thomson. A cabinet-maker, of irregular habits. Four or five years since had an attack of spitting of blood, but since that period has enjoyed pretty good health, with the exception of occasional epileptic fits, which have occurred during the last two years. His present illness came on six days ago, two

days before which he had been drinking freely. His illness began by spitting a small quantity of blood, as he was getting up early in the morning. In the afternoon of the same day he brought up about a pint. He coughs slightly before the blood comes up, which produces a sensation of choking, and is discharged in half mouths-full. Some tingling in the trachea. Respiration natural over the greater part of the chest. Slight dullness on the lower part of the left side. Tongue large, and flabby. Pulse quick; heart's impulse great. Bowels open; urine natural. Thirst. He was bled to a pint, and placed on low diet.

25. Has discharged a pint of blood since yesterday. Two grains of the acetate of lead every two hours, followed by a draught consisting of one drachm of acetic acid, and an ounce and a half of water.

26. The blood is brought up in less quantities, but more frequently, amounting altogether to nearly a pint since yesterday. The acetate was increased to four-grain doses.

28. Since yesterday he has brought up nearly a pint and a half of blood; the pulse is very quick and jerking; there is more cough; the blood comes up more frequently. An ounce of castor oil directly; to be cupped between the shoulders to ten ounces. The acetate to be increased to six-grain doses. Ice to the chest.

29. Since the cupping the discharge of blood has decreased much, not having exceeded an ounce to-day.

30. Only an ounce and a half of blood to-day. To have a pint of milk; three minims of hydrocyanic acid to be added to each draught.

Oct. 1. Very little blood. Two minims of creosote with each draught. The lead is producing pain in the bowels, and griping; they are confined. To have a mixture containing twelve drachms of Epsom salts, eight ounces of infusion of roses, a drachm of dilute sulphuric acid, and half a drachm of tincture of opium. Three tablespoonsful every two hours.

3. The pain in the bowels still continues; they have been moved.

5. The hæmoptysis has entirely ceased; the pain in the bowels is still very violent; he has not had a sufficient evacuation for two days. Half an ounce of castor oil every three hours. Five grains of Dover's powder every four hours.

6. Pain in the bowels very violent; he is very nervous and alarmed about it. An enema of two ounces of oil of turpentine and two pints of gruel to be administered.

7. Has taken several doses of morphia during the night, but the pain is still very violent. Twelve leeches to the abdomen; to be placed in the warm bath; six grains of calomel, and one and a half of opium, to be taken directly, in a pill. Repeat the enema; to use an embrocation to the bowels, consisting of half an ounce of oil of turpentine, and half an ounce of laudanum.

8. The pain is much relieved, and he is altogether better. There is no spitting of blood, and he only complains of a little occasional griping.

10. Some slight quickness and fulness of pulse, with flatulence; in other respects better. To be bled to a pint; beef-tea, a pint daily.

12. Improving rapidly. To have the following mixture:—An ounce of Epsom salts; a drachm of ipecacuanha wine; two ounces of infusion of senna; four ounces of compound infusion of roses; half a drachm of dilute sulphuric acid. Three tablespoonsful three times daily.

Went on improving until the 18th, when he was discharged cured.

Dr. THOMSON, in lecturing on this case, observed, with regard to the fact of the lead producing colic, that it was owing to the large quantities taken, which had very much reduced the general strength of the patient, and by that means had commanded the hæmorrhage—that the stomach participated in the general debility—its function became impaired, and carbonic acid gas was generated—this decomposed the acetate, carbonate of lead was formed, and the colic was produced.

ST. GEORGE'S HOSPITAL.

FRACTURE OF THE FEMUR.—IMMEDIATE AMPUTATION.—DEATH.

HENRY WINDERBANK, admitted July 26th, under Mr. WALKER, having had the tram-wheel of a rail-road waggon pass over the femur, about two inches above the condyles, producing a transverse fracture, and leading downwards to the condyles; there were two longitudinal fissures in the bone, extending from the transverse fracture into the large cancellous cells of the condyles, isolating a central portion of the articulating surface of the bone.

Immediate measures were required, and Mr. WALKER decided at once to amputate. This operation performed, all the relief that could be given so far was obtained, but there was another fracture, dividing the left radius and ulna in their upper third. There was also much pain and tenderness of the elbow on the same side. To relieve this he was ordered twelve leeches on the part, and at bed-time—*Calomel*, 3 grains; *James's powder*, 4 grains; *Powdered rhubarb*, 4 grains; *Tincture of opium*, 6 minims; with a senna draught early next morning.

July 28.—Passed a very restless night, and now labouring under much fever. The bowels were relieved several times, but the

face was flushed, the skin hot, the tongue dry, white, and furred, and the pulse very weak and low. He was ordered—*Sulphate of magnesia*, half a drachm; *Tincture of henbane*, 15 minims; *Solution of acetate of ammonia*, half an ounce; *Camphor mixture*, one ounce; every four hours.

Evening.—Very much delirium during the day, manifestly increased within the last few hours. Ordered—*Spirit of sulphuric æther*, 15 minims; *Sedative solution of opium*, 30 minims; *Solution of tartarised antimony*, 6 minims; *Camphor mixture*, 11 drachms; every four hours, if necessary.

29.—Better; the nervous delirium much abated; has had several hours calm sleep; the skin cool; face less flushed; pulse 120, weak, and low.

30.—Continues better; merely ordered to continue a sedative draught of henbane and camphor mixture throughout the day.

31.—A greater degree of delirium to-day; the pulse is quick and sharp. The anodyne draught to be resumed.—*Vespere.* Yet lower and weaker.

Aug. 1.—Moribund at nine in the morning, and died at two, P.M.

Necropsy twenty-four hours after death.—Thorax.—General serous effusion in the pleural cavities; the left lung consolidated from congestion, and some lymph in the posterior mediastinum. Some increased action of the heart during the two last days of life, as was expected, that some corresponding abnormal state would be detected, but that was not very manifest. No adhesion to the pericardium. The heart pale and flabby; the parietes attenuated, and slight hypertrophy of the right side. The right five last ribs were fractured near their angles; the left clavicle, denuded of its periosteum at its sternal extremity, and fluid was effused, probably from inflammation, in a sac around the bone, formed by the loose periosteum, the inner surface of which had thus become converted into a secreting serous membrane. The first rib of the same side was separated from its cartilage, and denuded of periosteum, but there was no serous effusion around it. In the fore-arm the ulna and radius were fractured at the middle of their shafts. The sharp-fractured edges had already begun to be rounded off, from the deposition of uniting surface preparatory to ossification. No other abnormal appearances worthy of record.

On this case Mr. WALKER made the following observations, which, however, as it was the first of his lectorial demonstrations for the session, he prefaced with an address to the students:—

Gentlemen,—Although aware of the multiplicity of your already existing avocations, nevertheless I propose to add to your occupations, by meeting you once a week in this theatre, to draw your attention to particular cases amongst the in or out-patients of the Hospital, which you have the opportunity of watching whilst under treatment, and I shall make upon them such general observations as may seem to me calculated to facilitate your acquirement of professional knowledge.

Clinical instruction, a modern method of conveying information, is by far the most useful among the lectures which a student has to attend; the lecture itself may not possess great intrinsic worth, nor perhaps contain any thing very new, yet it has this advantage over general lectures,—it draws attention to particular cases, it leads to the comparison of similar diseases in dissimilar constitutions, and the effects of remedies under those circumstances; and it excites reason and thought upon what are termed "modifications" of disease, which demand in themselves a corresponding modification of treatment. These advantages, in the early days of my pupillage the student did not possess, but so great do I believe the utility of clinical instruction to the young, that I think that it ought to form a part of the duty of every hospital surgeon. Your residence, Gentlemen, in London is but for a limited period, and though you have much work to accomplish here, (perhaps more than can be *well* performed), this particular kind of instruction should be looked for as part of your regular hospital duty; half an hour or forty minutes so passed will not be thrown away by either party.

I will now draw your attention to the case of Henry Winderbank, who was run over on the Southampton Railroad. The wheel completely divided the quadriceps tendon, and opened into the knee-joint. The femur was fractured longitudinally, the two condyles being spurred out as it were from each other, leaving a central portion of the bone isolated. There was also a transverse fracture of the femur (described in our report). The finger passed readily into the joint, where numerous small fragments of bone could be detected. It was necessary immediately to remove the limb, and this was accordingly done by the lateral flap operation. But little hæmorrhage ensued, and it was only necessary to secure the femoral artery. The flaps were then adjusted *pro tempore*, in order to allow all bloody oozing to cease before the final approximation of the flaps, and the patient was sent to bed. The left ulna and radius were also fractured at about their middle. This poor fellow had before been the subject of former injury; he some time since luxated the left hip, and he had also suffered severely from rheumatic fever, and thus had hypertrophy of the heart. There were great pain and swelling of the left arm, to which leeches and a linseed-meal poultice were applied. The lower limb, and the fracture in the arm, proceeded satisfactorily until the seventh night, when he expired, somewhat suddenly, without apearent suffering. I will now draw

your attention to some points of practice which, as provincial surgeons, it is of importance that you should fully make up your minds on, and this can only be done by reflecting carefully and cautiously upon the subject whilst you have the opportunity of observing accident and disease under all their varied occurrences.

The case under our consideration is one of compound fracture, implicating no important joint, for the relief of which you will be anxious, in reflecting on this case, to know what extent of injury renders necessary amputation of the extremity. There are cases in which it is scarcely possible to decide wrongly—a comminuted compound fracture of the knee-joint—a gun-shot wound of that joint, which is a compound fracture, with bruising and laceration; similar injuries of the elbow or ankle-joints; extensive bruised or lacerated wounds of the soft parts, with a wound of the main artery; resection also is necessary when a limb is carried off by grape or cannon-shot. These injuries few surgeons think of endeavouring to remedy without an operation, although a very laboured treatise against such a proceeding was written by a French surgeon, at the express command of Frederick the Great, of Prussia, whose aversion to a wooden extremity seems to have been very considerable. These objections have been ably answered by Mr. Pott, to the third volume of whose works I beg to refer you.

But without entering more minutely into the nature of particular injuries, I will briefly explain to you those evils, local and constitutional, which take place when the attempt is made to save a limb under the circumstances we are considering. I remember, many years since, that a boy of the name of Vaughan was brought into the hospital, having fallen from a tree in the park, in consequence of a keeper shooting a gun under it to frighten him. Both wrists were dislocated, and there was a compound fracture of the right ulna, accompanied by extensive laceration of the soft parts. This was a case for amputation, but the boy's father refused to listen to the judicious advice of Mr. Gunning, stating that he would rather his son should die than lose his arm. Extensive abscesses formed, from the wrist to the shoulder, and sloughing of the cellular tissue. The ulna was completely separated from the condyles of the humerus, and was ultimately removed by a slight incision through the integuments. The constitutional disturbance was equally severe, and for nearly four months the boy was in the hospital, struggling for his life, and he ultimately left the house with an extremity which, after all, promised to be no more useful than it was ornamental. Now, the question resolves itself into this,—Will you give your patient the chance of weathering a bitter storm, and perhaps sinking before he again arrives at a proper state for operation, or, will you, by removing the wounded extremity, save his constitution and this hazardous struggle, and shorten much the interval to his recovery? In reasoning upon the subject you must examine the question with reference to your patient's life, whether that will be endangered by his bearing up against the local mischief and extensive suppuration, and perhaps traumatic gangrene, which may supervene, together with the constitutional disturbance and febrile excitement necessarily attendant upon such a state of system. You must also balance the advantage of the limb, if, by great constitutional expense, saved, over an artificial one. The object in the immediate performance of amputation is, that the shock of the operation and the accident may be so immediately consecutive that their effects on the system may be one. We know that the constitutional disturbance, and the wear and tear of system after amputation, are very slight, compared with that which follows compound fractures. But there are circumstances which forbid immediate amputation, even in the worst accidents. These circumstances are well described by Le Comte in the Prize Memoirs of the French Academy. The immediate effect of a severe injury is sometimes so great upon the system, that collapse is the consequence; the pulse fails and the extremities become cold; at other times extreme terror, amounting almost to mental aberration, seizes the patient. During these states all operative proceedings must be suspended, and you must wait for returning life and reason. Cordials in the first case, and cheering kindness in the latter, will generally put your patient into a position for deriving all possible benefit from your assistance.

I cannot leave this subject without drawing your attention to severe mutilations of the hand. It is not uncommon to shatter the hand by the bursting of fire-arms, or to crush it in machinery. In such acase, satisfy yourselves that no useful portion of the hand can be preserved, before you determine upon removing the whole. A finger and thumb, or even the stump of a finger, will always be more useful than any artificial appendage, particularly where the accident occurs to a mechanic (and I have heard patients beg hard for a finger even to be saved), as being of the utmost importance to them in their particular calling.

Recto-Vaginal Fistula.—A woman was the subject of this affection who was a modest matron, and objected to the attendance of medical students during the performance of her operation. The following account of her case is taken from some remarks made on it by the surgeon, Mr. Walker, several days after the operation:—"I passed my finger up the rectum above the fistula, and reached a portion of the gut,

which was contracted into a stricture. Into this I firmly pressed my finger, and upon it I introduced a probe-pointed bistoury, and turning the back of it on my finger, and the cutting edge towards the stricture, I freely divided it in three different sections; above the stricture I felt the bowel very much dilated. Having divided this stricture, I next proceeded to liberate the sphincter ani muscle by a similar division of its fibres. My first object was then to grasp both edges of the sinus by Assalini's forceps; the common tenaculum, however, I found sufficient for the purpose, and with it I very easily secured them. A ligature was then passed through the lips of the wound, and the fresh-cut edges secured. The operation was performed on the 29th, and all went on well until the night of the 2nd, when the patient was seized with severe griping pain and distension of the belly. The bowels were relieved, and there was some blood mixed with the stools; blood will accumulate in the rectum after most operations performed upon it, and during all this violent straining and passing of fæcal matter, the ligatures came away; this was aided no doubt by ulceration. Still the patient is in a better condition now than before the operation, as she has not now the continuous lining of the mucous membrane of the rectum and vagina over the part this continuity of mucous surface obtains in all these cases; but other means than those already adopted may be employed for the relief and cure of this case. Mr. Copeland cures these cases by simply dividing the fibres of the sphincter ani muscle; occasionally another method is adopted, by applying escharotics to the edges of the wound. A case of this kind, under the care of Mr. Liston, was cured by the application of a red-hot sound to the edges of the wound."

Vesico-Vaginal Fistula.—There was a case of this kind under the care of the senior surgeon, Mr. Keate. The operation was marked by the same modest scarcity of students; but we have learnt the following particulars respecting its performance:—The vagina and urethra were dilated, the buttocks of the patient raised, and the urethral canal pressed down by an instrument much resembling a blunt gorget; a pair of hare-lip pins were then passed through each fresh-cut edge of the fistula, and secured in their places by metallic ligatures. The patient went on well for a few days; but the ligatures, we believe, broke, and the pins ulcerated away, leaving a larger wound than before the operation. We have not heard what future plan of treatment Mr. Keate intends adopting in this case.

Both these cases of fistula were caused by previous long, severe, and protracted labours, in which it is probable instrumental delivery was effected.

Encysted Tumour connected with the Parotid Gland.—In the course of his clinical remarks Sir Benjamin Brodie observed, that there was a patient in the house with a tumour connected with the parotid gland; such tumours generally had their origin in the centre of the gland, and were either of a soft medullary character, like fungus hematodes, or hard and laminated in texture, resembling scirrhus; such tumours were sometimes divided into two portions, one external, and the other internal, to the descending ramus of the inferior maxilla, joined together by a median band, giving the whole a shape somewhat resembling that of an hour-glass. In the removal of such tumours great care was necessary, to avoid injuring important nerves and blood vessels, by which paralysis of one side of the face might be produced for life, and severe and dangerous hæmorrhage might ensue, as the trunk of the carotid artery lay close under the finger. "I have never," added Sir Benjamin, "met with any severe hæmorrhage in these cases; on one occasion it occurred, and was then relieved and restrained by pressure." On the following day the patient was brought into the operating theatre; the tumour was punctured by a needle to ascertain its contents, and a few drops of serum exuded. An incision was now made over it, and the cyst was very carefully dissected out; its contents were a thick morbid serum; there was no hæmorrhage of any consequence; strapping compresses, and a bandage, were applied over the part, and the man walked back to bed. On the following day he was doing very well; he could open and shut the eye of the same side perfectly, showing that there was no paralysis, and that, consequently, no nerves had been injured in the operation.

CORRESPONDENTS.

The letter of Dr. Ramsbotham was received at too late an hour on Thursday to be inserted in the present number of The Lancet, without subjecting the printer to great inconvenience. It shall be published next week; and we undertake to prove to Dr. R., before it can appear in print, that we had not only *sufficient*, but, apparently, the best possible authority for stating the facts the truth of which is now so positively denied.

Errata in Dr. Wallace's Lecture, Dec. 31.—Page 488, line 5, for pustules read *particles*; line 27, for romantic read *routine*; line 31, for mixture read *texture*; 490, line 2, for peculiar read *peculiarly*; 491, line 21, for cuticles form read *cuticle forms*.